

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NORTH CAROLINA

Case number (if known) _____

Chapter you are filing under:

☒ Chapter 7☐ Chapter 11☐ Chapter 12☐ Chapter 13☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Ashton

First name

L

Middle name

Bring your picture identification to your meeting with the trustee.

Harrell, Sr.

Last name and Suffix (Sr., Jr., II, III)

Debbie

First name

L

Middle name

Harrell

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**xxx-xx-3634****xxx-xx-0349**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

☐ I have not used any business name or EINs.

FDBA A&H Remodelers, LLC
DBA Ashton Harrell Construction & Remodeling
TA ALH Construction & Remodeling

Include trade names and *doing business as* names

Business name(s)

EINs

☒ I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live

4144 Poor Ridge Rd
Kitty Hawk, NC 27949

Number, Street, City, State & ZIP Code

Dare

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
 Explain. (See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
 Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*
- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13
-
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
-
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.
☐ Yes.
- District _____ When _____ Case number _____
 District _____ When _____ Case number _____
 District _____ When _____ Case number _____
-
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No
☐ Yes.
- Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
-
11. **Do you rent your residence?** ☐ No. Go to line 12.
☒ Yes. Has your landlord obtained an eviction judgment against you?
- ☒ No. Go to line 12.
☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**☐ No.

Go to Part 4.

☒ Yes.

Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Ashton Harrell Construction

Name of business, if any

t/a ALH Construction & Remodeling

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

☐

Health Care Business (as defined in 11 U.S.C. § 101(27A))

☐

Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

☐

Stockbroker (as defined in 11 U.S.C. § 101(53A))

☐

Commodity Broker (as defined in 11 U.S.C. § 101(6))

☒

None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

☒ No.

I am not filing under Chapter 11.

☐ No.

I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes.

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**☒ No.☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a.	Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> No. Go to line 16b. <input type="checkbox"/> Yes. Go to line 17.
	16b.	Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input checked="" type="checkbox"/> Yes. Go to line 17.
	16c.	State the type of debts you owe that are not consumer debts or business debts _____

17. Are you filing under Chapter 7?	<input type="checkbox"/> No.	I am not filing under Chapter 7. Go to line 18.
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
-------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------

19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
--------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
-------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Debtor 1 **Ashton L Harrell, Sr.**
Debtor 2 **Debbie L Harrell**

Case number (if known) _____

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Ashton L Harrell, Sr.

Ashton L Harrell, Sr.

Signature of Debtor 1

/s/ Debbie L Harrell

Debbie L Harrell

Signature of Debtor 2

Executed on **April 29, 2019**

MM / DD / YYYY

Executed on **April 29, 2019**

MM / DD / YYYY

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Lindsay Murphy Parker

Signature of Attorney for Debtor

Date

April 29, 2019

MM / DD / YYYY

Lindsay Murphy Parker 50894

Printed name

Gillespie & Murphy PA

Firm name

P.O. Drawer 888**New Bern, NC 28563**

Number, Street, City, State & ZIP Code

Contact phone **(252) 636-2225**

Email address

gmpa@lawyersforchrist.com**50894 NC**

Bar number & State

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as "incurred by an individual
primarily for a personal, family, or
household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan
for family farmers or
fishermen

Chapter 13 - Voluntary repayment plan
for individuals with regular
income

**You should have an attorney review your
decision to file for bankruptcy and the choice of
chapter.**

Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
<u>+ \$15</u>	<u>trustee surcharge</u>
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Fill in this information to identify your case:

Debtor 1 Ashton L Harrell, Sr.Debtor 2 Debbie L Harrell
(Spouse, if filing)United States Bankruptcy Court for the: Eastern District of North CarolinaCase number _____
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ _____	\$ _____
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ _____	\$ _____
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ _____	\$ _____
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ _____	
Ordinary and necessary operating expenses	-\$ _____	
Net monthly income from a business, profession, or farm	\$ _____	\$ _____
	Copy here -> \$ _____	
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ _____	
Ordinary and necessary operating expenses	-\$ _____	
Net monthly income from rental or other real property	\$ _____	\$ _____
	Copy here -> \$ _____	
7. Interest, dividends, and royalties	\$ _____	\$ _____

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you _____ \$ _____ For your spouse _____ \$ _____	\$ _____	\$ _____
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ _____	\$ _____
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. _____ _____ Total amounts from separate pages, if any.	\$ _____ \$ _____ + \$ _____	\$ _____ \$ _____ \$ _____
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ _____	\$ _____
	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 5px;">\$ _____</div> <div style="margin: 0 5px;">+</div> <div style="border: 1px solid black; padding: 5px; margin-right: 5px;">\$ _____</div> <div style="margin: 0 5px;">=</div> <div style="border: 1px solid black; padding: 5px;">\$ _____</div> </div> <div style="text-align: right; font-size: small;">Total current monthly income</div>	

Part 2: Determine Whether the Means Test Applies to You

12. **Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 _____ **Copy line 11 here=>**

\$ _____

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b.

\$ _____

13. **Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

Fill in the number of people in your household.

Fill in the median family income for your state and size of household. _____
 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

13.

\$ _____

14. **How do the lines compare?**

14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Debtor 1 **Ashton L Harrell, Sr.**
Debtor 2 **Debbie L Harrell**

Case number (if known) _____

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Ashton L Harrell, Sr.**Ashton L Harrell, Sr.**

Signature of Debtor 1

Date **April 29, 2019**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

X /s/ Debbie L Harrell**Debbie L Harrell**

Signature of Debtor 2

Date **April 29, 2019**

MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Ashton L Harrell, Sr.Debtor 2 Debbie L Harrell
(Spouse, if filing)United States Bankruptcy Court for the: Eastern District of North CarolinaCase number _____
(if known)☐ Check if this is an amended filing

Official Form 122A - 1Supp

Statement of Exemption from Presumption of Abuse Under § 707(b)(2)

12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1. If you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part 1 Identify the Kind of Debts You Have

1. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 1).

- ☒ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
- ☐ Yes. Go to Part 2.

Part 2: Determine Whether Military Service Provisions Apply to You

2. **Are you a disabled veteran** (as defined in 38 U.S.C. § 3741(1))?

- ☐ No. Go to line 3.
- ☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity?
10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Go to line 3.
- ☐ Yes. Go to Form 122A-1: on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

3. **Are you or have you been a Reservist or member of the National Guard?**

- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Check any one of the following categories that applies:

- ☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on _____, which is fewer than 540 days before I file this bankruptcy case.
- ☐ I am performing a homeland defense activity for at least 90 days.
- ☐ I performed a homeland defense activity for at least 90 days, ending on _____, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

Fill in this information to identify your case:

Debtor 1 Ashton L Harrell, Sr.

Debtor 2 Debbie L Harrell
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of North Carolina

Case number _____
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
----------------------	----------------------------------------------

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | \$ _____ | \$ _____ |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | \$ _____ | \$ _____ |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | \$ _____ | \$ _____ |
| 5. Net income from operating a business, profession, or farm | | |
| Debtor 1 | | |
| Gross receipts (before all deductions) | \$ _____ | |
| Ordinary and necessary operating expenses | -\$ _____ | |
| Net monthly income from a business, profession, or farm | \$ _____ | \$ _____ |
| Copy here -> \$ _____ | | |
| 6. Net income from rental and other real property | | |
| Debtor 1 | | |
| Gross receipts (before all deductions) | \$ _____ | |
| Ordinary and necessary operating expenses | -\$ _____ | |
| Net monthly income from rental or other real property | \$ _____ | \$ _____ |
| Copy here -> \$ _____ | | |
| 7. Interest, dividends, and royalties | \$ _____ | \$ _____ |

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you _____ \$ _____ For your spouse _____ \$ _____	\$ _____	\$ _____
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ _____	\$ _____
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. _____ _____ Total amounts from separate pages, if any.	\$ _____ \$ _____ + \$ _____	\$ _____ \$ _____ \$ _____
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ _____	\$ _____
	+	= \$ _____
		Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. **Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 _____ **Copy line 11 here=>**

\$ _____

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$ _____

13. **Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

Fill in the number of people in your household.

Fill in the median family income for your state and size of household. _____
 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

13. \$ _____

14. **How do the lines compare?**

14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Debtor 1 **Ashton L Harrell, Sr.**
Debtor 2 **Debbie L Harrell**

Case number (if known) _____

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Ashton L Harrell, Sr.

Ashton L Harrell, Sr.

Signature of Debtor 1

X /s/ Debbie L Harrell

Debbie L Harrell

Signature of Debtor 2

Date **April 29, 2019**

MM / DD / YYYY

Date **April 29, 2019**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1 Ashton L Harrell, Sr.

Debtor 2 Debbie L Harrell
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of North Carolina

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 122A - 1Supp

Statement of Exemption from Presumption of Abuse Under § 707(b)(2)

12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1. If you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part 1 Identify the Kind of Debts You Have

1. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 1).
- ☒ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
- ☐ Yes. Go to Part 2.

Part 2: Determine Whether Military Service Provisions Apply to You

2. **Are you a disabled veteran** (as defined in 38 U.S.C. § 3741(1))?
- ☐ No. Go to line 3.
- ☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity?
10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Go to line 3.
- ☐ Yes. Go to Form 122A-1: on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
3. **Are you or have you been a Reservist or member of the National Guard?**
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Check any one of the following categories that applies:
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on _____, which is fewer than 540 days before I file this bankruptcy case.
- ☐ I am performing a homeland defense activity for at least 90 days.
- ☐ I performed a homeland defense activity for at least 90 days, ending on _____, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

Fill in this information to identify your case:

Debtor 1 **Ashton L Harrell, Sr.**
 First Name Middle Name Last Name

Debtor 2 **Debbie L Harrell**
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number _____
 (if known)

☐ Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$8,620.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$21,717.30
For last calendar year: (January 1 to December 31, 2018)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$95,095.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$45,040.47

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known)

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For the calendar year before that: (January 1 to December 31, 2017)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$183,757.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$58,824.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☒ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- ☐ No. Go to line 7.
☒ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**
 During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?
- ☐ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
American Credit Accept Attn: Managing Agent 961 E Main St Spartanburg, SC 29302	Monthly	\$597.00	\$22,689.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other__
Atlantic Dis Attn: Managing Agent 109 Currituck Comm Moyock, NC 27958	Monthly	\$325.73	\$1,174.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other__

Debtor 1 **Ashton L Harrell, Sr.**
Debtor 2 **Debbie L Harrell**

Case number (if known)

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	----------------------------------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Nc Dept of Revenue vs. Debbie L Harrell Civil ID 125545	Tax Warrant served by Dare County Sheriff's Office April 8, 2019	State of North Carolina Dept of Revenue P O Drawer 1130 Elizabeth City, NC 27906	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☐ No. Go to line 11.
☒ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
Nc Dept of Revenue Attn: Managing Agent P O Box 1168 Raleigh, NC 27602	Explain what happened State Tax Lien 1/7/2009 in Dare Co Superior Court for tax year 2004 10% of D2's gross wages - garnishment started in 2015 (Varies - value based on 60 day pay)	Monthly	\$435.09
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.			

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known)

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift and Address:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Describe what you contributed

Dates you contributed

Value

Charity's Name
 Address (Number, Street, City, State and ZIP Code)

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your loss

Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No
☒ Yes. Fill in the details.

Person Who Was Paid
 Address
 Email or website address
 Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Gillespie & Murphy PA
 P.O. Drawer 888
 New Bern, NC 28563
 gmpa@lawyersforchrist.com

Attorney Fees - \$1,622.00
 Filing Fee - \$335.00
 Credit Reports - \$43.00

3/14/2017

\$2,000.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No
☐ Yes. Fill in the details.

Person Who Was Paid
 Address

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

☐ No☒ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you 3rd Party	Sold a 2000 Chevrolet Silverado Truck that had a salvage title for \$1,000.00.	Money used for down payment to purchase the 2004 Dodge Ram Truck	April, 2018

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

☒ No☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---------------------------------------------------	---------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--------------------------------------------------------------------------------------------	------------------------------------	----------------------------------	---------------------------------------------------------------	-----------------------------------------------

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
-------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------	-----------------------	--------------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------	-----------------------	--------------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--------------------------------------------------------------------	-------------------------------------------------------------------------	-----------------------	-------

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☒ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☒ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☒ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed EIN: From-To
ALH Remodelers, LLC 4144 Poor Ridge Rd Kitty Hawk, NC 27949	Construction	47-4305707 7/2015 to 7/2016
Ashton Harrell Construction t/a ALH Construction & Remodeling	Construction & Remodeling	EIN: From-To 1990 to present

Debtor 1 **Ashton L Harrell, Sr.**
Debtor 2 **Debbie L Harrell**

Case number (if known) _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.



No



Yes. Fill in the details below.

Name

Address

(Number, Street, City, State and ZIP Code)

Date Issued

Debtor 1 **Ashton L Harrell, Sr.**
Debtor 2 **Debbie L Harrell**

Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Ashton L Harrell, Sr.

Ashton L Harrell, Sr.
Signature of Debtor 1

/s/ Debbie L Harrell

Debbie L Harrell
Signature of Debtor 2

Date April 29, 2019

Date April 29, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No
☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case and this filing:

Debtor 1	Ashton L Harrell, Sr.		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Debbie L Harrell		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF NORTH CAROLINA</u>			
Case number _____			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☒ No. Go to Part 2.
- ☐ Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

3.1 Make: **Buick**

Model: **Encore**

Year: **2014**

Approximate mileage: **47,300**

Other information:

VIN: KL4CJCSB0EB784843
FMV: \$12,400.00
Purchased: 11/15/2015
Price: \$22,000.00
Ownership: D1

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$12,400.00**\$12,400.00**

3.2 Make: **Toyota**

Model: **4Runner**

Year: **2003**

Approximate mileage: **185,000**

Other information:

VIN: JTEZT14R230001809
FMV: \$6,925.00
Price: \$7,300.00
Ownership: D2 & daughter, Tori Harrell
Note: Daughter's car, uses at college

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$6,925.00**\$3,462.50**

Debtor 1 **Ashton L Harrell, Sr.**
Debtor 2 **Debbie L Harrell**

Case number (if known) _____

3.3 Make: **Honda**
Model: **Accord**
Year: **2006**
Approximate mileage: **131,209**
Other information:**VIN: 1HGCM66826A005674**
FMV: \$5,975.00
Purchased: 9/20/2013
Price: \$16,125.00
Ownership: D2 with son, Ashton Harrell, II
Note: Son's vehicle - senior in college - needs to travel back and forth

Who has an interest in the property? Check one

- ☐
- Debtor 1 only
-
- ☐
- Debtor 2 only
-
- ☐
- Debtor 1 and Debtor 2 only
-
- ☒
- At least one of the debtors and another

☐ Check if this is community property
(see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$5,975.00**\$2,987.50**3.4 Make: **Dodge**
Model: **Ram**
Year: **2004**
Approximate mileage: **181,110**
Other information:**VIN: 1D7HU18D04J180848**
FMV: \$6,725.00
Purchased: 4/2018
Ownership: D1

Who has an interest in the property? Check one

- ☒
- Debtor 1 only
-
- ☐
- Debtor 2 only
-
- ☐
- Debtor 1 and Debtor 2 only
-
- ☐
- At least one of the debtors and another

☐ Check if this is community property
(see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$6,725.00**\$6,725.00**4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☐ No☒ Yes4.1 Make: **Utility**
Model: **Trailer**
Year: _____
Other information:**Value: 200.00**
Ownership: D1

Who has an interest in the property? Check one

- ☒
- Debtor 1 only
-
- ☐
- Debtor 2 only
-
- ☐
- Debtor 1 and Debtor 2 only
-
- ☐
- At least one of the debtors and another

☐ Check if this is community property
(see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$200.00**\$200.00**

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$25,775.00**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.6. **Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No☒ Yes. Describe.....**Microwave****\$20.00****Washer****\$50.00**

Debtor 1 **Ashton L Harrell, Sr.**
Debtor 2 **Debbie L Harrell**

Case number (if known) _____

Dryer	\$50.00
Dishes	\$20.00
Living room furniture	\$300.00
Bedroom furniture	\$150.00
Dining room furniture	\$100.00
Lawn furniture	\$50.00
Lawnmower	\$50.00
Yard tools	\$50.00
Hand tools	\$250.00

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe.....

Televisions	\$150.00
VCR/DVD	\$5.00
Computer	\$150.00

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☐ No☒ Yes. Describe.....

Books	\$10.00
Paintings and collectible items	\$150.00

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☐ No☒ Yes. Describe.....

Recreational equipment	\$250.00
-------------------------------	-----------------

Debtor 1 **Ashton L Harrell, Sr.**
Debtor 2 **Debbie L Harrell**

Case number (if known) _____

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☐ No☒ Yes. Describe.....**3 Shot guns****\$300.00****11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.....**Clothing & personal items****\$300.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.....**Jewelry****\$200.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses☐ No☒ Yes. Describe.....**Pets
No Value****\$0.00****14. Any other personal and household items you did not already list, including any health aids you did not list**☐ No☒ Yes. Give specific information.....**Any and all miscellaneous household goods and personal items
listed herein.****\$7,695.00****15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here****\$10,300.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes.....**Cash****\$186.35****Cash****\$8.56**

Debtor 1 **Ashton L Harrell, Sr.**
Debtor 2 **Debbie L Harrell**

Case number (if known) _____

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes.....

Institution name:

17.1. **Checking****BB&T****\$11.51**17.2. **Checking****TowneBank****\$65.23**17.3. **Checking****LGFCU****\$1,407.51**17.4. **Savings****LGFCU****\$26.34****18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☐ No☒ Yes. List each account separately.

Type of account:

Institution name:

401(k) through Diamond Resorts**\$8,336.00****22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- ☒ No
☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

- ☐ No
☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

The debtor(s) reserve the right to amend these schedules to include and exempt as permitted by law, any pre-petition claims or assets the debtor(s) may have, the existence of which are discovered post-petition.

\$6,512.50

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☒ No
☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No
☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☐ No

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

☒ Yes. Describe each claim.....

The debtor(s) reserve the right to amend these schedules to include and exempt as permitted by law, any pre-petition claims or assets the debtor(s) may have, the existence of which are discovered post-petition.

Unknown

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$16,554.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☐ No. Go to Part 6.
☒ Yes. Go to line 38.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

- ☒ No
☐ Yes. Describe.....

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No
☐ Yes. Describe.....

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- ☐ No
☒ Yes. Describe.....

Equipment and Tools used in business

\$500.00

41. Inventory

- ☒ No
☐ Yes. Describe.....

42. Interests in partnerships or joint ventures

- ☒ No
☐ Yes. Give specific information about them.....
 Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations

- ☒ No.
☐ Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

- ☒ No
☐ Yes. Describe.....

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

44. Any business-related property you did not already list

- ☒ No
☐ Yes. Give specific information.....

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....

\$500.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$0.00
56. Part 2: Total vehicles, line 5	\$25,775.00	
57. Part 3: Total personal and household items, line 15	\$10,300.00	
58. Part 4: Total financial assets, line 36	\$16,554.00	
59. Part 5: Total business-related property, line 45	\$500.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$53,129.00	Copy personal property total \$53,129.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$53,129.00

Fill in this information to identify your case:

Debtor 1	Ashton L Harrell, Sr.		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Debbie L Harrell		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)			

☐ Check if this is an amended filing
Official Form 106C**Schedule C: The Property You Claim as Exempt****4/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
2003 Toyota 4Runner 185,000 miles VIN: JTEZT14R230001809 FMV: \$6,925.00 Price: \$7,300.00 Ownership: D2 & daughter, Tori Harrell Note: Daughter's car, uses at college Line from <i>Schedule A/B</i> : 3.2	\$3,462.50	<input checked="" type="checkbox"/> \$3,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(3)
2006 Honda Accord 131,209 miles VIN: 1HGCM66826A005674 FMV: \$5,975.00 Purchased: 9/20/2013 Price: \$16,125.00 Ownership: D2 with son, Ashton Harrell, II Note: Son's vehicle - senior in college - needs to travel back and forth Line from <i>Schedule A/B</i> : 3.3	\$2,987.50	<input checked="" type="checkbox"/> \$2,987.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(2)

Debtor 1 **Ashton L Harrell, Sr.**
Debtor 2 **Debbie L Harrell**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
2004 Dodge Ram 181,110 miles VIN: 1D7HU18D04J180848 FMV: \$6,725.00 Purchased: 4/2018 Ownership: D1 Line from Schedule A/B: 3.4	\$6,725.00	<input checked="" type="checkbox"/> \$3,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(3)
Utility Trailer Value: 200.00 Ownership: D1 Line from Schedule A/B: 4.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(2)
Microwave Line from Schedule A/B: 6.1	\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Washer Line from Schedule A/B: 6.2	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Dryer Line from Schedule A/B: 6.3	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Dishes Line from Schedule A/B: 6.4	\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Living room furniture Line from Schedule A/B: 6.5	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Bedroom furniture Line from Schedule A/B: 6.6	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Dining room furniture Line from Schedule A/B: 6.7	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Lawn furniture Line from Schedule A/B: 6.8	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Lawnmower Line from Schedule A/B: 6.9	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)

Debtor 1 **Ashton L Harrell, Sr.**
Debtor 2 **Debbie L Harrell**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Yard tools Line from Schedule A/B: 6.10	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Hand tools Line from Schedule A/B: 6.11	\$250.00	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Televisions Line from Schedule A/B: 7.1	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
VCR/DVD Line from Schedule A/B: 7.2	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Computer Line from Schedule A/B: 7.3	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Books Line from Schedule A/B: 8.1	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Paintings and collectible items Line from Schedule A/B: 8.2	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Recreational equipment Line from Schedule A/B: 9.1	\$250.00	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
3 Shot guns Line from Schedule A/B: 10.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(2)
Clothing & personal items Line from Schedule A/B: 11.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Jewelry Line from Schedule A/B: 12.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)

Debtor 1 **Ashton L Harrell, Sr.**
Debtor 2 **Debbie L Harrell**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Any and all miscellaneous household goods and personal items listed herein. Line from Schedule A/B: 14.1	\$7,695.00	<input checked="" type="checkbox"/> \$7,695.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Cash Line from Schedule A/B: 16.1	\$186.35	<input checked="" type="checkbox"/> \$186.35 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1-362
Cash Line from Schedule A/B: 16.2	\$8.56	<input checked="" type="checkbox"/> \$8.56 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1-362
Checking: BB&T Line from Schedule A/B: 17.1	\$11.51	<input checked="" type="checkbox"/> \$11.51 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1-362
Checking: TowneBank Line from Schedule A/B: 17.2	\$65.23	<input checked="" type="checkbox"/> \$65.23 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1-362
Checking: LGFCU Line from Schedule A/B: 17.3	\$1,407.51	<input checked="" type="checkbox"/> \$1,407.51 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1-362
Savings: LGFCU Line from Schedule A/B: 17.4	\$26.34	<input checked="" type="checkbox"/> \$26.34 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1-362
401(k) through Diamond Resorts Line from Schedule A/B: 21.1	\$8,336.00	<input checked="" type="checkbox"/> \$8,336.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(11)
The debtor(s) reserve the right to amend these schedules to include and exempt as permitted by law, any pre-petition claims or assets the debtor(s) may have, the existence of which are discovered post-petition. Line from Schedule A/B: 28.1	\$6,512.50	<input checked="" type="checkbox"/> \$6,512.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(2)
The debtor(s) reserve the right to amend these schedules to include and exempt as permitted by law, any pre-petition claims or assets the debtor(s) may have, the existence of which are discovered post-petition. Line from Schedule A/B: 34.1	Unknown	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(8)

Debtor 1 **Ashton L Harrell, Sr.**
Debtor 2 **Debbie L Harrell**

Case number (if known) _____

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Equipment and Tools used in business Line from <i>Schedule A/B</i> : 40.1	\$500.00	<input checked="" type="checkbox"/> \$4,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(5)

3. **Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?☐ No☐ Yes

Rev. 3/2016

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINAIN THE MATTER OF:
Ashton L Harrell, Sr.
Debbie L Harrell
Debtor(s).

CASE NUMBER:

SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

I, **Ashton L Harrell, Sr.**, claim the following property as exempt pursuant to 11 U.S.C. § 522 and the laws of the State of North Carolina, and nonbankruptcy Federal law: **(Attach additional sheets if necessary).**

1. NCGS 1C-1601(a)(1) (NC Const., Article X, Section 2) REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT (The exemption is not to exceed \$35,000; however, an unmarried debtor who is 65 years of age or older is entitled to retain an aggregate interest in the property not to exceed \$60,000 in value so long as the property was previously owned by the debtor as a tenant by the entireties or as a joint tenant with rights of survivorship and the former co-owner of the property is deceased, in which case the debtor must specify his/her age and the name of the former co-owner, if a child use initials only, of the property below).

Description of Property and Address	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Mortgage Holder or Lien Holder	Amount of Mortgage or Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(1)
-NONE-						

Debtor's Age: _____

Name of former co-owner: _____

VALUE OF REAL ESTATE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(1): \$ 0.00

2. NCGS 1C-1601(a)(3) MOTOR VEHICLE (The exemption in one vehicle is not to exceed \$3,500).

Model, Year Style of Auto	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(3)
2004 Dodge Ram 181,110 miles VIN: 1D7HU18D04J1808 48 FMV: \$6,725.00 Purchased: 4/2018 Ownership: D1	6,725.00	D1	A1 Finance	7,146.72	0.00	3,500.00

VALUE OF MOTOR VEHICLE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(3): \$ 3,500.00

3. NCGS 1C-1601(a)(4) (NC Const., Article X, Section 1) PERSONAL OR HOUSEHOLD GOODS (The debtor's aggregate interest is not to exceed \$5,000 plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents). The number of dependents for exemption purposes is 2.

Description of Property	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Claimed as Exempt Pursuant to NCGS 1C-1601(a)(4)
Any and all miscellaneous household goods and personal items listed herein.	7,695.00	J			7,695.00	7,695.00
Bedroom furniture	150.00	J			150.00	150.00
Books	10.00	J			10.00	10.00
Clothing & personal items	300.00	J			300.00	300.00
Computer	150.00	J			150.00	150.00
Dining room furniture	100.00	J			100.00	100.00

Schedule C-1 - Property Claimed as Exempt - 3/2016

Description of Property	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Claimed as Exempt Pursuant to NCGS 1C-1601(a)(4)
Dishes	20.00	J			20.00	20.00
Dryer	50.00	J			50.00	50.00
Hand tools	250.00	J			250.00	250.00
Jewelry	200.00	J			200.00	200.00
Lawn furniture	50.00	J			50.00	50.00
Lawnmower	50.00	J			50.00	50.00
Living room furniture	300.00	J			300.00	300.00
Microwave	20.00	J			20.00	20.00
Paintings and collectible items	150.00	J			150.00	150.00
Recreational equipment	250.00	J			250.00	250.00
Televisions	150.00	J			150.00	150.00
VCR/DVD	5.00	J			5.00	5.00
Washer	50.00	J			50.00	50.00
Yard tools	50.00	J			50.00	50.00

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(4):
Debtor's 1/2 interest \$ 5,000.00

4. NCGS 1C-1601(a)(5) TOOLS OF TRADE (The debtor's aggregate interest is not to exceed \$2,000 in value).

Description	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(5)
Equipment and Tools used in business	500.00	J			500.00	2,000.00

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(5): \$ 2,000.00

5. NCGS 1C-1601(a)(6) LIFE INSURANCE (NC Const., Article X, Section 5).

Description\Insured\Last Four Digits of Policy Number\Beneficiary(if child, initials only)	Cash Value
-NONE-	

6. NCGS 1C-1601(a)(7) PROFESSIONALLY PRESCRIBED HEALTH AIDS (For Debtor or Debtor's Dependents, no limit on value).

Description
-NONE-

7. NCGS 1C-1601(a)(8) COMPENSATION FOR PERSONAL INJURY, INCLUDING COMPENSATION FROM PRIVATE DISABILITY POLICIES OR ANNUITIES, OR COMPENSATION FOR DEATH OF A PERSON UPON WHOM THE DEBTOR WAS DEPENDENT FOR SUPPORT. COMPENSATION NOT EXEMPT FROM RELATED LEGAL, HEALTH OR FUNERAL EXPENSE.

Description AND Source of Compensation, Including Name (If child, initials only) & Last Four Digits of Account Number of any Disability Policy/Annuity
The debtor(s) reserve the right to amend these schedules to include and exempt as permitted by law, any pre-petition claims or assets the debtor(s) may have, the existence of which are discovered post-petition.

8. NCGS 1C-1601(a)(2) ANY PROPERTY (Debtor's aggregate interest in any property is not to exceed \$5,000 in value of any unused exemption amount to which the debtor is entitled under NCGS 1C-1601(a)(1)).

Description of Property and Address	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(2)
3 Shot guns	300.00	D1			300.00	300.00

Description of Property and Address	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(2)
The debtor(s) reserve the right to amend these schedules to include and exempt as permitted by law, any pre-petition claims or assets the debtor(s) may have, the existence of which are discovered post-petition.	4,500.00	D1			4,500.00	4,500.00
Utility Trailer Value: 200.00 Ownership: D1	200.00	D1			200.00	200.00

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(2): \$ 5,000.00

9. NCGS 1C-1601(a)(9) and 11 U.S.C. § 522 INDIVIDUAL RETIREMENT PLANS & RETIREMENT FUNDS, as defined in the Internal Revenue Code, and any plan treated in the same manner as an individual retirement plan, including individual retirement accounts and Roth retirement accounts as described in §§ 408(a) and 408A of the Internal Revenue Code, individual retirement annuities as described in § 408(b) of the Internal Revenue Code, accounts established as part of a trust described in § 408(c) of the Internal Revenue Code, and funds in an account exempt from taxation under § 401, 403, 408, 408A, 414, 457, or 510(a) of the Internal Revenue Code. For purposes of this subdivision, "Internal Revenue Code" means Code as defined in G.S. 105-228.90.

Type of Account\Location of Account\Last Four Digits of Account Number

-NONE-

10. NCGS 1C-1601(a)(10) FUNDS IN A COLLEGE SAVINGS PLAN, as qualified under § 529 of the Internal Revenue Code, and that are not otherwise excluded from the estate pursuant to 11 U.S.C. §§ 541(b)(5)-(6), (e), not to exceed a cumulative limit of \$25,000. If funds were placed in a college savings plan within the 12 months prior to filing, the contributions must have been made in the ordinary course of the debtor's financial affairs and must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually be used for the child's college or university expenses.

College Savings Plan\Last Four Digits of Account Number\Value\Initials of Child Beneficiary

-NONE-

11. NCGS 1C-1601(a)(11) RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENTAL UNITS OF OTHER STATES (The debtor's interest is exempt only to the extent that these benefits are exempt under the laws of the state or governmental unit under which the benefit plan is established).

Name of Retirement Plan\State Governmental Unit\Last Four Digits of Identifying Number

-NONE-

12. NCGS 1C-1601(a)(12) ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED (The debtor's interest is exempt to the extent the payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor).

Type of Support\Amount\Location of Funds

-NONE-

13. TENANCY BY THE ENTIRETY. The following property is claimed as exempt pursuant to 11 U.S.C. § 522 and the law of the State of North Carolina pertaining to property held as tenants by the entirety.

Description of Property and Address	Market Value	Lien Holder	Amount of Lien	Net Value
-NONE-				

VALUE CLAIMED AS EXEMPT: \$ 0.00

14. NORTH CAROLINA PENSION FUND EXEMPTIONS

-NONE-	
---------------	--

15. OTHER EXEMPTIONS CLAIMED UNDER LAWS OF THE STATE OF NORTH CAROLINA

a.	Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362	186.35
b.	Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362	5.76
c.	Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362	65.23

16. FEDERAL PENSION FUND EXEMPTIONS

-NONE-	
---------------	--

17. OTHER EXEMPTIONS CLAIMED UNDER NONBANKRUPTCY FEDERAL LAW

-NONE-	
---------------	--

18. RECENT PURCHASES

(a). List tangible personal property purchased by the debtor within ninety (90) days of the filing of the bankruptcy petition.

Description	Market Value	Lien Holder	Amount of Lien	Net Value
-NONE-				

(b). List any tangible personal property from 18(a) that is directly traceable to the liquidation or conversion of property that may be exempt and that was not acquired by transferring or using additional property.

Description of Replacement Property	Description of Property Liquidated or Converted that May Be Exempt

19. The debtor's property is subject to the following claims:

- Of the United States or its agencies as provided by federal law.
- Of the State of North Carolina or its subdivisions for taxes, appearance bonds or fiduciary bonds;
- Of a lien by a laborer for work done and performed for the person claiming the exemption, but only as to the specific property affected.
- Of a lien by a mechanic for work done on the premises, but only as to the specific property affected.
- For payment of obligations contracted for the purchase of specific real property affected.
- For contractual security interests in specific property affected; provided, that the exemptions shall apply to the debtor's household goods notwithstanding any contract for a nonpossessory, nonpurchase money security interest in any such goods.
- For statutory liens, on the specific property affected, other than judicial liens.
- For child support, alimony or distributive award order pursuant to Chapter 50 of the General Statutes of North Carolina.
- For criminal restitution orders docketed as civil judgments pursuant to G.S. 15A-1340.38.
- Debts of a kind specified in 11 U.S.C. § 523(a)(1) (certain taxes), (5) (domestic support obligations).
- Debts of a kind specified in 11 U.S.C. § 522(c).

Claimant	Nature of Claim	Amount of Claim	Description of Property	Value of Property	Net Value
----------	-----------------	-----------------	-------------------------	-------------------	-----------

<u>Claimant</u>	<u>Nature of Claim</u>	<u>Amount of Claim</u>	<u>Description of Property</u>	<u>Value of Property</u>	<u>Net Value</u>
American Credit Accept	Agreement,PMSI - Retain/Reaffirm as to original contract	22,689.00	2014 Buick Encore 47,300 miles VIN: KL4CJCSB0EB784843 FMV: \$12,400.00 Purchased: 11/15/2015 Price: \$22,000.00 Ownership: D1	12,400.00	0.00

None of the property listed in paragraph 18(a), except qualified replacement property under 18(b), has been included in this claim of exemptions.

None of the claims listed in paragraph 19 is subject to this claim of exemptions.

I declare that to the extent any exemptions I have claimed appear on its face to exceed the amount allowed by the applicable statute, I claim only the maximum amount allowed by statute.

UNSWORN DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF INDIVIDUAL
TO SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

I, **Ashton L Harrell, Sr.**, declare under penalty of perjury that I have read the foregoing Schedule C-1 - Property Claimed as Exempt, consisting of 12 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Executed on: **April 29, 2019**

/s/ Ashton L Harrell, Sr.
Ashton L Harrell, Sr.
Debtor

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA

IN THE MATTER OF:
Ashton L Harrell, Sr.
Debbie L Harrell
 Debtor(s).

CASE NUMBER:

SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

I, **Debbie L Harrell**, claim the following property as exempt pursuant to 11 U.S.C. § 522 and the laws of the State of North Carolina, and nonbankruptcy Federal law: **(Attach additional sheets if necessary).**

1. NCGS 1C-1601(a)(1) (NC Const., Article X, Section 2) REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT (The exemption is not to exceed \$35,000; however, an unmarried debtor who is 65 years of age or older is entitled to retain an aggregate interest in the property not to exceed \$60,000 in value so long as the property was previously owned by the debtor as a tenant by the entireties or as a joint tenant with rights of survivorship and the former co-owner of the property is deceased, in which case the debtor must specify his/her age and the name of the former co-owner, if a child use initials only, of the property below).

Description of Property and Address	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Mortgage Holder or Lien Holder	Amount of Mortgage or Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(1)
-NONE-						

Debtor's Age: _____

Name of former co-owner: _____

VALUE OF REAL ESTATE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(1): \$ 0.00

2. NCGS 1C-1601(a)(3) MOTOR VEHICLE (The exemption in one vehicle is not to exceed \$3,500).

Model, Year Style of Auto	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(3)
2003 Toyota 4Runner 185,000 miles VIN: JTEZT14R230001809 FMV: \$6,925.00 Price: \$7,300.00 Ownership: D2 & daughter, Tori Harrell Note: Daughter's car, uses at college	6,925.00	D2			3,462.50 50% owned	3,500.00

VALUE OF MOTOR VEHICLE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(3): \$ 3,500.00

3. NCGS 1C-1601(a)(4) (NC Const., Article X, Section 1) PERSONAL OR HOUSEHOLD GOODS (The debtor's aggregate interest is not to exceed \$5,000 plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents). The number of dependents for exemption purposes is 2.

Description of Property	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Claimed as Exempt Pursuant to NCGS 1C-1601(a)(4)
Any and all miscellaneous household goods and personal items listed herein.	7,695.00	J			7,695.00	7,695.00
Bedroom furniture	150.00	J			150.00	150.00
Books	10.00	J			10.00	10.00

Description of Property	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Claimed as Exempt Pursuant to NCGS 1C-1601(a)(4)
Clothing & personal items	300.00	J			300.00	300.00
Computer	150.00	J			150.00	150.00
Dining room furniture	100.00	J			100.00	100.00
Dishes	20.00	J			20.00	20.00
Dryer	50.00	J			50.00	50.00
Hand tools	250.00	J			250.00	250.00
Jewelry	200.00	J			200.00	200.00
Lawn furniture	50.00	J			50.00	50.00
Lawnmower	50.00	J			50.00	50.00
Living room furniture	300.00	J			300.00	300.00
Microwave	20.00	J			20.00	20.00
Paintings and collectible items	150.00	J			150.00	150.00
Recreational equipment	250.00	J			250.00	250.00
Televisions	150.00	J			150.00	150.00
VCR/DVD	5.00	J			5.00	5.00
Washer	50.00	J			50.00	50.00
Yard tools	50.00	J			50.00	50.00

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(4):
Debtor's 1/2 interest \$ **5,000.00**

4. NCGS 1C-1601(a)(5) TOOLS OF TRADE (The debtor's aggregate interest is not to exceed \$2,000 in value).

Description	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(5)
Equipment and Tools used in business	500.00	J			500.00	2,000.00

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(5): \$ 2,000.00

5. NCGS 1C-1601(a)(6) LIFE INSURANCE (NC Const., Article X, Section 5).

Description\Insured\Last Four Digits of Policy Number\Beneficiary(if child, initials only)	Cash Value
-NONE-	

6. NCGS 1C-1601(a)(7) PROFESSIONALLY PRESCRIBED HEALTH AIDS (For Debtor or Debtor's Dependents, no limit on value).

Description
-NONE-

7. NCGS 1C-1601(a)(8) COMPENSATION FOR PERSONAL INJURY, INCLUDING COMPENSATION FROM PRIVATE DISABILITY POLICIES OR ANNUITIES, OR COMPENSATION FOR DEATH OF A PERSON UPON WHOM THE DEBTOR WAS DEPENDENT FOR SUPPORT. COMPENSATION NOT EXEMPT FROM RELATED LEGAL, HEALTH OR FUNERAL EXPENSE.

Description AND Source of Compensation, Including Name (If child, initials only) & Last Four Digits of Account Number of any Disability Policy/Annuity
The debtor(s) reserve the right to amend these schedules to include and exempt as permitted by law, any pre-petition claims or assets the debtor(s) may have, the existence of which are discovered post-petition.

8. NCGS 1C-1601(a)(2) ANY PROPERTY (Debtor's aggregate interest in any property is not to exceed \$5,000 in value of any unused exemption amount to which the debtor is entitled under NCGS 1C-1601(a)(1)).

Description of Property and Address	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(2)
Overage on 2006 Honda Accord 131,209 miles VIN: 1HGCM66826A005674 FMV: \$5,975.00 Purchased:9/20/2013 Price: \$16,125.00 Ownership: D2 with son, Ashton Harrell, II Note: Son's vehicle - senior in college - needs to travel back and forth	5,975.00	D2			2,987.50 50% owned	2,987.50
The debtor(s) reserve the right to amend these schedules to include and exempt as permitted by law, any pre-petition claims or assets the debtor(s) may have, the existence of which are discovered post-petition.	2,012.50	D2			2,012.50	2,012.50

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(2): \$ 5,000.00

9. NCGS 1C-1601(a)(9) and 11 U.S.C. § 522 INDIVIDUAL RETIREMENT PLANS & RETIREMENT FUNDS, as defined in the Internal Revenue Code, and any plan treated in the same manner as an individual retirement plan, including individual retirement accounts and Roth retirement accounts as described in §§ 408(a) and 408A of the Internal Revenue Code, individual retirement annuities as described in § 408(b) of the Internal Revenue Code, accounts established as part of a trust described in § 408(c) of the Internal Revenue Code, and funds in an account exempt from taxation under § 401, 403, 408, 408A, 414, 457, or 510(a) of the Internal Revenue Code. For purposes of this subdivision, "Internal Revenue Code" means Code as defined in G.S. 105-228.90.

Type of Account\Location of Account>Last Four Digits of Account Number
-NONE-

10. NCGS 1C-1601(a)(10) FUNDS IN A COLLEGE SAVINGS PLAN, as qualified under § 529 of the Internal Revenue Code, and that are not otherwise excluded from the estate pursuant to 11 U.S.C. §§ 541(b)(5)-(6), (e), not to exceed a cumulative limit of \$25,000. If funds were placed in a college savings plan within the 12 months prior to filing, the contributions must have been made in the ordinary course of the debtor's financial affairs and must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually be used for the child's college or university expenses.

College Savings Plan>Last Four Digits of Account Number\Value\Initials of Child Beneficiary
-NONE-

11. NCGS 1C-1601(a)(11) RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENTAL UNITS OF OTHER STATES (The debtor's interest is exempt only to the extent that these benefits are exempt under the laws of the state or governmental unit under which the benefit plan is established).

Name of Retirement Plan\State Governmental Unit\Last Four Digits of Identifying Number

401(k) through Diamond Resorts

12. NCGS 1C-1601(a)(12) ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED (The debtor's interest is exempt to the extent the payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor).

Type of Support\Amount\Location of Funds

-NONE-

13. TENANCY BY THE ENTIRETY. The following property is claimed as exempt pursuant to 11 U.S.C. § 522 and the law of the State of North Carolina pertaining to property held as tenants by the entirety.

Description of Property and Address	Market Value	Lien Holder	Amount of Lien	Net Value
-NONE-				

VALUE CLAIMED AS EXEMPT: \$ **0.00**

14. NORTH CAROLINA PENSION FUND EXEMPTIONS

-NONE-	
---------------	--

15. OTHER EXEMPTIONS CLAIMED UNDER LAWS OF THE STATE OF NORTH CAROLINA

a.	Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362	8.56
b.	Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362	5.75
c.	Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362	1,407.51
d.	Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362	26.34

16. FEDERAL PENSION FUND EXEMPTIONS

-NONE-	
---------------	--

17. OTHER EXEMPTIONS CLAIMED UNDER NONBANKRUPTCY FEDERAL LAW

-NONE-	
---------------	--

18. RECENT PURCHASES

(a). List tangible personal property purchased by the debtor within ninety (90) days of the filing of the bankruptcy petition.

Description	Market Value	Lien Holder	Amount of Lien	Net Value
-NONE-				

(b). List any tangible personal property from 18(a) that is directly traceable to the liquidation or conversion of property that may be exempt and that was not acquired by transferring or using additional property.

Description of Replacement Property	Description of Property Liquidated or Converted that May Be Exempt

19. The debtor's property is subject to the following claims:

- a. Of the United States or its agencies as provided by federal law.
- b. Of the State of North Carolina or its subdivisions for taxes, appearance bonds or fiduciary bonds;
- c. Of a lien by a laborer for work done and performed for the person claiming the exemption, but only as to the specific property affected.
- d. Of a lien by a mechanic for work done on the premises, but only as to the specific property affected.
- e. For payment of obligations contracted for the purchase of specific real property affected.
- f. For contractual security interests in specific property affected; provided, that the exemptions shall apply to the debtor's household goods notwithstanding any contract for a nonpossessory, nonpurchase money security interest in any such goods.
- g. For statutory liens, on the specific property affected, other than judicial liens.
- h. For child support, alimony or distributive award order pursuant to Chapter 50 of the General Statutes of North Carolina.
- i. For criminal restitution orders docketed as civil judgments pursuant to G.S. 15A-1340.38.
- j. Debts of a kind specified in 11 U.S.C. § 523(a)(1) (certain taxes), (5) (domestic support obligations).
- k. Debts of a kind specified in 11 U.S.C. § 522(c).

<u>Claimant</u>	<u>Nature of Claim</u>	<u>Amount of Claim</u>	<u>Description of Property</u>	<u>Value of Property</u>	<u>Net Value</u>

None of the property listed in paragraph 18(a), except qualified replacement property under 18(b), has been included in this claim of exemptions.

None of the claims listed in paragraph 19 is subject to this claim of exemptions.

I declare that to the extent any exemptions I have claimed appear on its face to exceed the amount allowed by the applicable statute, I claim only the maximum amount allowed by statute.

UNSWORN DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF INDIVIDUAL
TO SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

I, Debbie L Harrell, declare under penalty of perjury that I have read the foregoing Schedule C-1 - Property Claimed as Exempt, consisting of 12 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Executed on: April 29, 2019

/s/ Debbie L Harrell
Debbie L Harrell

Debtor 2

Fill in this information to identify your case:

Debtor 1	Ashton L Harrell, Sr.		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Debbie L Harrell		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	A1 Finance Creditor's Name	\$7,146.72	\$6,725.00	\$421.72
Describe the property that secures the claim: 2004 Dodge Ram 181,110 miles VIN: 1D7HU18D04J180848 FMV: \$6,725.00 Purchased: 4/2018 Ownership: D1				
Attn: Managing Avgent 1201 Airline Blvd Portsmouth, VA 23704 Number, Street, City, State & Zip Code				
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) PMSI - Retain/Reaffirm as to original contract		
Date debt was incurred		Last 4 digits of account number		

Debtor 1 **Ashton L Harrell, Sr.**

First Name Middle Name Last Name

Case number (if known) _____

Debtor 2 **Debbie L Harrell**

First Name Middle Name Last Name

2.2 American Credit Accept

Creditor's Name

Describe the property that secures the claim:

\$22,689.00**\$12,400.00****\$10,289.00**

2014 Buick Encore 47,300 miles
VIN: KL4CJCSB0EB784843
FMV: \$12,400.00
Purchased: 11/15/2015
Price: \$22,000.00
Ownership: D1

Attn: Managing Agent
961 E Main St
Spartanburg, SC 29302

Number, Street, City, State & Zip Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

PMSI - Retain/Reaffirm as to original contract

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number **1001**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$29,835.72

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$29,835.72**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	Ashton L Harrell, Sr.		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Debbie L Harrell		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**
☐ No. Go to Part 2.

☒ Yes.
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	IRS Priority Creditor's Name Attn: Managing Agent PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number	\$1,546.98	\$1,546.98
	When was the debt incurred?			\$0.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify		
				2016

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known)

2.2	Nc Dept of Revenue Priority Creditor's Name Attn: Managing Agent P O Box 1168 Raleigh, NC 27602 Number Street City State Zip Code	Last 4 digits of account number \$196.30 \$196.30 \$0.00	
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ 2017	

2.3	Nc Dept of Revenue Priority Creditor's Name Attn: Managing Agent P O Box 1168 Raleigh, NC 27602 Number Street City State Zip Code	Last 4 digits of account number \$1,637.05 \$0.00 \$1,637.05	
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ 2015	

2.4	Nc Dept of Revenue Priority Creditor's Name Attn: Managing Agent P O Box 1168 Raleigh, NC 27602 Number Street City State Zip Code	Last 4 digits of account number \$38,794.73 \$0.00 \$38,794.73	
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ State Tax Lien 1/7/2009 in Dare Co Superior Court for tax year 2004	

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

2.5	Nc Dept of Revenue Priority Creditor's Name Attn: Managing Agent P O Box 1168 Raleigh, NC 27602 Number Street City State Zip Code	Last 4 digits of account number _____	\$92.85	\$0.00	\$92.85
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
					2009

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	A&A Atlantic Inc Nonpriority Creditor's Name Attn: Managing Agent P O Box 816 Manteo, NC 27954 Number Street City State Zip Code	Last 4 digits of account number _____	Total claim \$190.81		
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business debt			

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.2

Afni, Inc.

Nonpriority Creditor's Name

**Attn: Managing Agent
P o Box 1637****Southgate, MI 48195**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **3601****\$176.16**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collecting for Centurylink**

4.3

Albemarle Eye Center

Nonpriority Creditor's Name

**Attn: Managing Agent
1503 N Road St****Elizabeth City, NC 27909**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **7668****\$160.78**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

4.4

Alcoa Billing Center

Nonpriority Creditor's Name

**Attn: Managing Agent
3429 Regal Dr****Alcoa, TN 37701-3265**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number _____

\$251.65

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collecting for Southeastern Emergency Physicians**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.5

Ally Financial

Nonpriority Creditor's Name

Attn: Managing Agent
200 Renaissance Ctr
Detroit, MI 48243

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **7688****\$6,393.08****Opened 09/11 Last Active**When was the debt incurred? **10/07/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Def on repossessed 2011 Chevy Equinox**

4.6

Americollect Inc

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 1566
Manitowoc, WI 54221

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **Various****\$70.00**When was the debt incurred? **Opened 06/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collection Attorney Outerbanks Professional Servic**

4.7

Americollect Inc

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 1566
Manitowoc, WI 54221

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **7048****\$471.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collecting for Vidant Med Group**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.8

Americollect Inc

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 1566****Manitowoc, WI 54221**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0847****\$221.83**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collecting Outerbanks Professional**

4.9

Americollect Inc

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 1690****Manitowoc, WI 54221**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0847****\$56.63**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collecting for Outerbanks Professional**

4.1
0**Arrow Financial Services**

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 1206****Oaks, PA 19456-1206**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2598****\$1,363.78**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collecting for Capital One Services**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.1
1**Atlantic Pulmonary Associates**Last 4 digits of account number **6607** **\$266.76**

Nonpriority Creditor's Name

Attn: Managing Agent**111 A Medical Dr****Elizabeth City, NC 27909**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.1
2**Bayview Physicians Group**Last 4 digits of account number **9779** **\$411.55**

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 7068****Portsmouth, VA 23707**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.1
3**Beach Contractors Inc**Last 4 digits of account number _____ **\$484.00**

Nonpriority Creditor's Name

Attn: Managing Agent**P O box 1133****Buxton, NC 27920**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Business debt**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.1
4**Beach Medical Care LTD**Last 4 digits of account number **various****\$363.56**

Nonpriority Creditor's Name

Attn: Managing Agent
5200 N Croatan Hwy
Kitty Hawk, NC 27949

When was the debt incurred? _____

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

- ☒ No
☐ Yes

☒ Other. Specify _____4.1
5**Blakemore Ophthalmology**

Last 4 digits of account number _____

\$65.00

Nonpriority Creditor's Name

Attn: Managing Agent
101 Mark Dr
Edenton, NC 27932

When was the debt incurred? _____

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

- ☒ No
☐ Yes

☒ Other. Specify _____4.1
6**Blue Fin Tek**

Last 4 digits of account number _____

\$45.00

Nonpriority Creditor's Name

Attn: Managing Agent
Box 343
Kitty Hawk, NC 27949

When was the debt incurred? _____

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

- ☒ No
☐ Yes

☒ Other. Specify **Business debt**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.1
7**Budde and Bueker DDS**

Last 4 digits of account number _____

\$800.00

Nonpriority Creditor's Name

**Attn: Managing Agent
Executive Center****Kill Devil Hills, NC 27948**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Judgment 10CVM000255 Dare County
7/21/2010**4.1
8**Bulicity Financial Sol**

Last 4 digits of account number _____

6538**\$181.00**

Nonpriority Creditor's Name

**Attn: Managing Agent
2609 N Duke St Ste 500****Durham, NC 27704**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

Opened 12/12

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collection Attorney Unc Physicians**4.1
9**Capital Accounts**

Last 4 digits of account number _____

9083**\$533.00**

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 140065****Nashville, TN 37214**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

Opened 03/14

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collection Attorney Beach Medical Care**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.2
0**Capital Accounts**Last 4 digits of account number _____ **\$434.71**

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 140065
Nashville, TN 37214

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collecting for Beach Med Care**4.2
1**Capitol Pediatrics & Asolescent Ctr**Last 4 digits of account number **1922** **\$270.90**

Nonpriority Creditor's Name

Attn: Managing Agent
3801 Computer Dr Ste 200
Raleigh, NC 27609

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify _____4.2
2**Carolina Accounts Control**Last 4 digits of account number **Various** **\$1,348.00**

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 471766
Charlotte, NC 28247-1766

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collecting for HealthEast Family Care**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.2
3**Carolina Breast Imaging**Last 4 digits of account number **1767****\$210.00**

Nonpriority Creditor's Name

Attn: Managing Agent
990 John Hopkins Dr
Greenville, NC 27834

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.2
4**Carolina Surgical Care**Last 4 digits of account number **5483****\$245.49**

Nonpriority Creditor's Name

Attn: Managing Agent
1138 North Rd Street
Elizabeth City, NC 27909

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.2
5**CBE Group**Last 4 digits of account number **8589****\$171.47**

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 2547
Waterloo, IA 50704-2547

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Dominion NC Power - Business debt**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.2
6**Charles Powers**

Nonpriority Creditor's Name

Last 4 digits of account number _____

\$1,190.56**Address unknown**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Judgment 08CVM000417****Dare County Magistrate Court 9/3/2008 - Business debt**4.2
7**Chase Receivables**

Nonpriority Creditor's Name

Attn: Managing Agent**P o Box 4115****Concord, CA 94524**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

1009**\$420.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Collecting for Medac-Chesapeake Anesthesiologists**4.2
8**Chase Receivables**

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 659****Caldwell, NJ 07007-0659**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

9042**\$760.45****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.2
9**Chesapeake Anesthesiologist, Inc.**

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 791349****Baltimore, MD 21279-1349**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **8163****\$760.45****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____4.3
0**Chesapeake Radiologists LTD**

Nonpriority Creditor's Name

Attn: Managing Agent**3630 George Was Mem #E****Yorktown, VA 23693**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **8701****\$41.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____4.3
1**Chesapeake Radiologists LTD**

Nonpriority Creditor's Name

Attn: Managing Agent**3630 George Was Mem #E****Yorktown, VA 23693**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **5241****\$24.18****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.3
2**Chesapeake Radiologists LTD**

Nonpriority Creditor's Name

Attn: Managing Agent
3630 George Was Mem #E
Yorktown, VA 23693

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2091****\$136.68**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.3
3**Chesapeake Regional**

Nonpriority Creditor's Name

Attn: Managing Agent
110 Wimbledon Sq Ste B
Chesapeake, VA 23320

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$564.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Judgment 550GV1100934 Chesapeake City District Court 8/18/2011**

4.3
4**Chesapeake Regional Med Group**

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 14099
Belfast, ME 04915

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5072****\$198.15**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.3
5**Chesapeake Regional Medical Center**

Nonpriority Creditor's Name

**Attn: Managing Agent
PO Box 791471****Baltimore, MD 21279-1471**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **0460****\$38.65**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.3
6**Chesapeake Siding & Roofing**

Nonpriority Creditor's Name

**Attn: Managing Agent
7349 Caratoke Hwy
Jarvisburg, NC 27947**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number _____

\$1,198.10

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Business debt**

4.3
7**Chesapeake Siding & Roofing**

Nonpriority Creditor's Name

**Attn: Managing Agent
7349 Caratoke Hwy
Jarvisburg, NC 27947**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number _____

\$1,726.24

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Business debt**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.3
8**Cockerell Dermatopathology**Last 4 digits of account number **0599****\$85.00**

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 674230
Dallas, TX 75267

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.3
9**Consulting Concepts Inc.**

Last 4 digits of account number _____

\$4,923.00

Nonpriority Creditor's Name

Address unknown

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No

- ☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

- ☒ Other. Specify

Judgment 08CVM000015 Dare County
Magistrate Court recorded 3/12/008 -
Business debt

4.4
0**Credit Collections Services**

Last 4 digits of account number _____

\$466.26

Nonpriority Creditor's Name

Attn: Managing Agent
725 Canton St
Norwood, MA 02062

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No

- ☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

- ☒ Other. Specify

Collecting for Progressive Southeastern Inc
Co

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.4
1**Credit Collections Services**Last 4 digits of account number **9533** **\$39.48**

Nonpriority Creditor's Name

Attn: Managing Agent
725 Canton St
Norwood, MA 02062

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collecting for Metlife Auto & Home**4.4
2**Credit Collections Services**Last 4 digits of account number **3455** **\$413.13**

Nonpriority Creditor's Name

Attn: Managing Agent
725 Canton St
Norwood, MA 02062

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collecting for Metlife Auto & Home**4.4
3**Credit Control Corp**Last 4 digits of account number _____ **\$226.20**

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 120568
Newport News, VA 23612-0568

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collecting for Gynecology Specialists**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.4
4**Credit Control Corp**

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 120568****Newport News, VA 23612-0568**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **1886****\$177.68****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collecting for Chesapeake radiology**4.4
5**Credit Control Corp**

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 120568****Newport News, VA 23612-0568**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **1886****\$236.87****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collecting Urology of Virginia**4.4
6**Credit Management**

Nonpriority Creditor's Name

Attn: Managing Agent**4200 International Pkwy****Carrollton, TX 75007**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number _____

\$516.60**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collecting for Charter Communications**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.4
7**D&D Portable Toilets**

Last 4 digits of account number _____

\$1,520.25

Nonpriority Creditor's Name

Attn: Managing Agent**7758 Caratoke Hwy****Powells Point, NC 27966**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Business debt**4.4
8**Dare County EMS**Last 4 digits of account number **8576****\$265.35**

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 863****Lewisville, NC 27023-0863**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____4.4
9**Dominion North Carolina Power**Last 4 digits of account number **1592****\$927.78**

Nonpriority Creditor's Name

Attention: Managing Agent**PO Box 26543****Richmond, VA 23290**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Business debt**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.5
0**DriveErt**

Nonpriority Creditor's Name

Attn: Managing Agent
700 Port Centre Pkwy Ste 2B
Portsmouth, VA 23704-5901

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0454****\$80.17**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.5
1**Duck Woods Country Club**

Nonpriority Creditor's Name

Attn: Managing Agent
50 S Dogwood Trail
Kitty Hawk, NC 27949

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$1,311.99

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.5
2**Dunsdemand**

Nonpriority Creditor's Name

Attn: Managing Agent
P o Box 5472
Mount Laurel, NJ 08054

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$134.35

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collecting for USPS - Greensboro - Business debt**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.5
3**Eastern Carolina Cardiovascular**

Nonpriority Creditor's Name

Attn: Managing Agent**1134 North Road St Bldg 9****Elizabeth City, NC 27909-3365**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number _____

\$1,865.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____4.5
4**Eastern Carolina Cardiovascular**

Nonpriority Creditor's Name

Attn: Managing Agent**1134 North Road St Bldg 9****Elizabeth City, NC 27909-3365**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **2110****\$157.69**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____4.5
5**Eastern Carolina Cardiovascular**

Nonpriority Creditor's Name

Attn: Managing Agent**1134 North Road St Bldg 9****Elizabeth City, NC 27909-3365**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **4410****\$40.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.5
6**Eastern Radiologists**

Nonpriority Creditor's Name

Attn: Managing Agent
2101 W Arlington Blvd Ste 210
Greenville, NC 27834

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **ER11****\$264.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.5
7**Elizabeth River Tunnels**

Nonpriority Creditor's Name

Attention: Managing Agent
700 Port Centre Pkwy Ste 2B
Portsmouth, VA 23704

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **7982****\$18.25**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.5
8**Emanuelson & Dad, Inc.**

Nonpriority Creditor's Name

Attn: Managing Agent
4717 N Croatan Hwy
Kitty Hawk, NC 27949

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$624.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Business debt**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.5
9**Enhanced Recovery**

Last 4 digits of account number _____

\$249.67

Nonpriority Creditor's Name

Attn: Managing Agent
P o box 1259 Dept 98696
Oaks, PA 19456

When was the debt incurred? _____

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collecting for Directv**4.6
0**Firstpoint Collection Resources**

Last 4 digits of account number _____

\$40.34

Nonpriority Creditor's Name

Attn: Managing Agent
PO Box 26140
Greensboro, NC 27402

When was the debt incurred? _____

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collecting for National General Insurance - Business debt**4.6
1**Focus Recovery**Last 4 digits of account number **0001****\$611.14**

Nonpriority Creditor's Name

Attn: Managing Agent
9701 Metrololitan Ct Ste
North Chesterfield, VA 23236

When was the debt incurred? **Opened 4/26/16**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Chesapeake General Hospital**

Debtor 1 **Ashton L Harrell, Sr.**
Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.6
2**Ford Motor Credit**

Last 4 digits of account number _____

\$12,406.35

Nonpriority Creditor's Name

Attn: Managing Agent
PO Box 472687
Charlotte, NC 28247

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Judgment 10CVD000104 Dare County District Court 6/1/2010**4.6
3**Gastroenterology Associates**Last 4 digits of account number **7990****\$180.00**

Nonpriority Creditor's Name

Attn: Managing Agent
400 Gresham Dr Ste 303
Norfolk, VA 23507-1901

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☒ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify _____4.6
4**GC Services Limited**

Last 4 digits of account number _____

\$25.00

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 2667
Houston, TX 77252-2667

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☒ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collecting for Telecheck**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.6
5**Guy C. Lee Building Materials**

Last 4 digits of account number _____

\$47,122.00

Nonpriority Creditor's Name

Attn: Managing Agent**PO Box 276****Morehead City, NC 28557**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Judgment 05CVS667 Dare County Superior Court 4/12/2007 - Business debt**4.6
6**Guy C. Lee Building Materials**

Last 4 digits of account number _____

\$17,039.00

Nonpriority Creditor's Name

Attn: Managing Agent**PO Box 276****Morehead City, NC 28557**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Judgment 05CVS668 Dare County Superior Court 4/12/2007 - Business debt**4.6
7**Happy Boxes**

Last 4 digits of account number _____

\$160.00

Nonpriority Creditor's Name

Attn: Managing Agent**4361 The Woods Rd****Kitty Hawk, NC 27949**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Business debt**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.6
8**Harris Teeter Check Services**

Last 4 digits of account number _____

\$116.87

Nonpriority Creditor's Name

Attn: Managing Agent
P o Box 1569
Matthews, NC 28106

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____4.6
9**Hines Contractors Inc.**Last 4 digits of account number **1307****\$107.09**

Nonpriority Creditor's Name

Attn: Managing Agent
8490 Caratoke Hwy
Powells Point, NC 27966

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Business debt**4.7
0**IC System**Last 4 digits of account number **0560****\$283.60**

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 64437
Saint Paul, MN 55164-0437

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collecting for Byram Healthcare**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.7
1**Integron National Ins**

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 3199****Winston Salem, NC 27152**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$91.58

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business debt**4.7
2**J.T. Jones Propane & Fireplace Co**

Nonpriority Creditor's Name

Attn: Managing Agent**101#B Pan Ridge Ct****Point Harbor, NC 27964**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$1,766.70

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business debt**4.7
3**James C. Woodson DDS**

Nonpriority Creditor's Name

Attn: Managing Agent**4810 S Croatan Hwy Ste 270****Nags Head, NC 27959**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0202****\$28.90**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify _____

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.7
4**Kellogg Building Materials**

Last 4 digits of account number _____

\$8,643.74

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 99****Manteo, NC 27954**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Business debt**4.7
5**Kitty Hawk Iron & Steel Works, Inc**

Last 4 digits of account number _____

\$3,065.33

Nonpriority Creditor's Name

Attn: Managing Agent**P o box 40****Harbinger, NC 27941**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Business debt - Ashton Harrell Construction**4.7
6**LabCorp**Last 4 digits of account number **8455****\$77.00**

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 2240****Burlington, NC 27216**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.7
7**Lampe Enterprise**

Last 4 digits of account number _____

\$87,701.45

Nonpriority Creditor's Name

Attn: Managing Agent
235 E Market St
Smithfield, NC 27577

When was the debt incurred? _____

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Judgment 05CVS000667 Dare County - Business debt**

4.7
8**Lampe Enterprise**

Last 4 digits of account number _____

\$31,773.58

Nonpriority Creditor's Name

Attn: Managing Agent
235 E Market St
Smithfield, NC 27577

When was the debt incurred? _____

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Judgment 05 CVS 000668 - Business debt**

4.7
9**LCA Collections**Last 4 digits of account number **8409****\$37.12**

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 2240
Burlington, NC 27216-2240

When was the debt incurred? _____

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify _____

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.8
0**LCA Collections**Last 4 digits of account number **8222** **\$69.30**

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 2240****Burlington, NC 27216-2240**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collecting for Outer Banks Family Medicine**

4.8
1**LeBleu**Last 4 digits of account number **4974** **\$10.70**

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 399****Harbinger, NC 27941**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

4.8
2**Linebarger Goggan Blair & Sampson**Last 4 digits of account number **erC1** **\$106.38**

Nonpriority Creditor's Name

Attorney at Law**P o box 659443****San Antonio, TX 78265-9443**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.8
3**Linebarger Goggan Blair & Sampson**

Nonpriority Creditor's Name

Attorney at Law**P o box 659443****San Antonio, TX 78265-9443**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$31.38

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.8
4**Liposcience Inc**

Nonpriority Creditor's Name

Attn: Managing Agent**2500 Sumner Blvd****Raleigh, NC 27616**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **8597****\$80.28**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.8
5**Little Caesars Collection Dept**

Nonpriority Creditor's Name

Attn: Managing Agent**1505 West Ehringhaus St****Elizabeth City, NC 27909**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$46.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Business debt**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.8
6

Medical Services of the Albem

Last 4 digits of account number _____

\$20.00

Nonpriority Creditor's Name

Attn: Managing Agent
1134 N Road St Bldg 9
Elizabeth City, NC 27909

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.8
7

National GeneralLast 4 digits of account number **9678****\$282.28**

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 3199
Winston Salem, NC 27102-3199

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Business debt**

4.8
8

Northland Group Inc

Last 4 digits of account number _____

\$1,151.04

Nonpriority Creditor's Name

Attn: Managing Agent
P o Box 390846
Minneapolis, MN 55439

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collecting for Capital One Bank**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.8
9**Novant Health Imaging Maplewood**

Nonpriority Creditor's Name

Attn: Managing Agent
P o Box 602293
Charlotte, NC 28260

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1816****\$18.69**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.9
0**OBX Dermatology**

Nonpriority Creditor's Name

Attn: Managing Agent
2518 S Croatan Hwy #B
Nags Head, NC 27959

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$315.62

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.9
1**OBX Services, LLC**

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 901
Kitty Hawk, NC 27949

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$1,091.36

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Business debt**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.9
2**OBXMD, PC**Last 4 digits of account number **Various** **\$168.39**

Nonpriority Creditor's Name

Attn: Managing Agent
4721 N Croatan Hwy
Kitty Hawk, NC 27949

When was the debt incurred? _____

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.9
3**Online Collections**Last 4 digits of account number **9576** **\$49.00**

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 1489
Winterville, NC 28590

When was the debt incurred? _____

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.9
4**Outer Banks Hospital Anesthesi**Last 4 digits of account number **5290** **\$32.12**

Nonpriority Creditor's Name

Attn: Managing Agent
4800 S Croatan Hwy
Nags Head, NC 27959

When was the debt incurred? _____

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.9
5**Outer Banks Medical Group**Last 4 digits of account number **9485****\$96.63**

Nonpriority Creditor's Name

Attn: Managing Agent
P O box 63019
Charlotte, NC 28263

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.9
6**Outer Banks Medical Group**Last 4 digits of account number **2363****\$90.00**

Nonpriority Creditor's Name

Attn: Managing Agent
P O box 63019
Charlotte, NC 28263

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.9
7**Outer Banks Water, LLC**

Last 4 digits of account number _____

\$36.95

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 2920
Kitty Hawk, NC 27949

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Business debt**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.9
8**OuterBanks Pest Control**

Last 4 digits of account number _____

\$85.00

Nonpriority Creditor's Name

Attn: Managing Agent
P o Box 208
Manteo, NC 27954

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business debt**4.9
9**Patricia S Via**

Last 4 digits of account number _____

\$2,929.00

Nonpriority Creditor's Name

804 Devenwood Rd
Richmond, VA 23235

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No

☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Judgment 07CVM000368 recorded Dare County Magistrate Court 8/15/2007 Business debt**

4.1
00**PennCredit Corporation**Last 4 digits of account number **5139****\$112.50**

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 1259 Dept 91047
Oaks, PA 19456

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify _____

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.1
01**PPG Architectural Finishes**Last 4 digits of account number **5625****\$3,375.09**

Nonpriority Creditor's Name

Attn: Managing Agent**P o Box 101397****Atlanta, GA 30392-1397**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Business debt**4.1
02**Prince-Parker & Associates**

Last 4 digits of account number _____

\$139.00

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 474690****Charlotte, NC 28247**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collecting for Outer Banks Urgent Care**4.1
03**Print Plus / Graphic Solutions**

Last 4 digits of account number _____

\$39.96

Nonpriority Creditor's Name

Attn: Managing Agent**4700 N Croatan Hwy****Kitty Hawk, NC 27949**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Business debt**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.1
04

Professional Account ManagementLast 4 digits of account number **0760****\$40.00**

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 6649****Rockville, MD 20849-6649**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **City of Raleigh - Parklink**

4.1
05

Professional Recovery Consultants

Last 4 digits of account number _____

\$299.83

Nonpriority Creditor's Name

Attn: Managing Agent**2700 Meridian Pkwy Ste 200****Durham, NC 27713**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collecting for the Outer Banks Hospital**

4.1
06

Progressive Financial ServicesLast 4 digits of account number **4541****\$179.53**

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 22083****Tempe, AZ 85285**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.1
07**Progressive Leasing**Last 4 digits of account number **0362** **\$908.76**

Nonpriority Creditor's Name

Attn: Managing Agent
256 W Data Dr
Draper, UT 84020

When was the debt incurred? _____

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business debt**4.1
08**Radius Global Solutions LLC**Last 4 digits of account number **7850** **\$119.82**

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 1259 Det 120957
Oaks, PA 19456

When was the debt incurred? _____

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify _____4.1
09**Regional Medical Services**Last 4 digits of account number **1718** **\$49.00**

Nonpriority Creditor's Name

Attn: Managing Agent
5200 N Croatan Hwy
Kitty Hawk, NC 27949

When was the debt incurred? _____

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify _____

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.1
10

Revenue Authority Prince George's

Last 4 digits of account number _____

\$100.00

Nonpriority Creditor's Name

County Parking Division

When was the debt incurred? _____

Attn: Managing Agent**1300 Mercantile Lane Ste 108****Upper Marlboro, MD 20774**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Contingent☒ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another**Type of NONPRIORITY unsecured claim:**☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify _____

4.1
11

RMCB

Last 4 digits of account number _____

\$333.00

Nonpriority Creditor's Name

Attn: Managing Agent

When was the debt incurred? _____

4 Westchester Plaza Ste 110**Elmsford, NY 10523**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Contingent☒ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another**Type of NONPRIORITY unsecured claim:**☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **Business debt**

4.1
12

ScaLast 4 digits of account number **various****\$1,709.98**

Nonpriority Creditor's Name

Attn: Managing AgentWhen was the debt incurred? **Opened 3/11/13****P o Box 910****Edenton, NC 27932**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Contingent☒ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another**Type of NONPRIORITY unsecured claim:**☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **Albemarle Hospital**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.1
13**Sca Collections Inc**

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 876
Greenville, NC 27835

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number

Various accounts**\$1,310.00**

When was the debt incurred?

Opened 02/13

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collection Attorney Eastern Radiologists Inc.**

4.1
14**Sca Collections Inc**

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 876
Greenville, NC 27835

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number

Various**\$248.48**

When was the debt incurred?

Opened 09/13

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collection Attorney Vidant Medical Group**

4.1
15**Sentara Albemarle Physician Service**

Nonpriority Creditor's Name

Attn: Managing Agent
5200 N Croatan Hwy Ste 12
Kitty Hawk, NC 27949

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number

3749**\$20.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.1
16**Sentara Albemarle Physician Service**

Nonpriority Creditor's Name

Attn: Managing Agent
5200 N Croatan Hwy Ste 12
Kitty Hawk, NC 27949

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 7777**\$273.19**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.1
17**Sentara Collections**

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 79698
Baltimore, MD 21279-0698

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 9183**\$274.15**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.1
18**Sentara Collections**

Nonpriority Creditor's Name

Attn: Managing Agent
P O Box 79698
Baltimore, MD 21279-0698

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 7303**\$250.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.1
19**Sentara Surgery Specialists**

Last 4 digits of account number _____

\$245.49

Nonpriority Creditor's Name

Attn: Managing Agent**1177 N Road St****Elizabeth City, NC 27909**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____4.1
20**Shorefire Gas Fireplaces**

Last 4 digits of account number _____

\$1,503.09

Nonpriority Creditor's Name

Attn: Managing Agent**2705-B North Croatan Hwy****P O Box 323****Kill Devil Hills, NC 27948**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Business debt**4.1
21**Shoreline Electric of Kill Devil**

Last 4 digits of account number _____

\$9,578.92

Nonpriority Creditor's Name

Attn: Managing Agent**2133 Upton Dr Ste 126****Virginia Beach, VA 23454**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Judgment 06CVD744 Dare County District Court Business debt**

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.1
22**Site Services**

Nonpriority Creditor's Name
Attn: Managing Agent
P O Box 28
Manns Harbor, NC 27953

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$13,011.45

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Business debt**

4.1
23**Smithfield Police Dept**

Nonpriority Creditor's Name
Attn: Managing Agent
P O Box 761
Smithfield, NC 27577

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9677****\$10.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Parking ticket**

4.1
24**Szabo Associates Inc.**

Nonpriority Creditor's Name
Attn: Managing Agent
3355 Lenox Rd NE Ste 945
Atlanta, GA 30326-1332

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$2,340.08

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Three Dog Ink, Inc. vs. ALH Construction & Remodeling Inc. - Business debt**

Debtor 1 **Ashton L Harrell, Sr.**
Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.1
25**The Home Depot Credit Svs**

Last 4 digits of account number _____

\$249.39

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 6029****The Lakes, NV 88901**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Business debt**4.1
26**The Outer Banks Hospital**

Last 4 digits of account number _____

\$100.00

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 8409****Greenville, NC 27835-8409**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____4.1
27**The Outer Banks Hospital**Last 4 digits of account number **3861****\$1,229.86**

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 8409****Greenville, NC 27835-8409**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

Debtor 1 **Ashton L Harrell, Sr.**
Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.1
28**The Outer Banks Hospital**

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 8409****Greenville, NC 27835-8409**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **9119****\$3,349.32****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____4.1
29**Three Dog Ink, LLC**

Nonpriority Creditor's Name

Attn: Managing Agent**111 E Baltic St****Nags Head, NC 27959**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number _____

\$1,872.06**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Business debt**4.1
30**Through The Country Door**

Nonpriority Creditor's Name

Attn: Managing Agent**1112 7th Ave****Monroe, WI 53566**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **7530****\$315.00****When was the debt incurred?** **Opened 03/15 Last Active 8/10/15****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Charge Account**

Debtor 1 **Ashton L Harrell, Sr.**
Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.1
31

Tidewater SkinCare & Pathology

Nonpriority Creditor's Name

Attn: Managing Agent
1157 First Colonial Rd Ste 300
Virginia Beach, VA 23454

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$136.04

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.1
32

Treated Lumber Outlet

Nonpriority Creditor's Name

Attn: Managing Agent
8546 Cartoke Hwy
Powells Point, NC 27966

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$14,315.31

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Business debt**

4.1
33

Triad Radiology Associates

Nonpriority Creditor's Name

Attn: Managing Agent
P o Box 1259 Dept #88680
Oaks, PA 19456

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$3.72

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.1
34**TRS Recovery Services, Inc.**Last 4 digits of account number **5224****\$61.07**

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 17380****Denver, CO 80217-0380**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____4.1
35**Vidant Health**Last 4 digits of account number **9119****\$4,134.37**

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 71095****Charlotte, NC 28272-1095**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____4.1
36**Vidant Medical Group**Last 4 digits of account number **5463****\$471.00**

Nonpriority Creditor's Name

Attn: Managing Agent**P O Box 63019****Charlotte, NC 28263-3019**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.1
37**Virigina Center for Women**

Nonpriority Creditor's Name

Attn: Managing Agent
1101 Madison Plaza Ste 200
Chesapeake, VA 23320-5179

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$1,718.15

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.1
38**W. Downing DDS**

Nonpriority Creditor's Name

Attn: Managing Agent
P o Box 1586
Nags Head, NC 27959-1586

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$186.73

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.1
39**Wakefield & Associates**

Nonpriority Creditor's Name

Attn: Managing Agent
7005 Middlebrook Pike
Knoxville, TN 37909

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

Various**\$591.00**

When was the debt incurred? _____

Opened 12/13

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Collection Attorney Outer Banks Tha
Emergency Depa

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

4.1
40

West Brothers Supply Co

Last 4 digits of account number _____

\$3,094.20

Nonpriority Creditor's Name

Attn: Managing Agent

When was the debt incurred? _____

P O Box 934**Kitty Hawk, NC 27949**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **Business debt****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Ally Financial**Attn: Managing Agent****P o box 380901****Minneapolis, MN 55438-0902**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Applied Business Services**Attn: Managing Agent****617 Soundside Rd****Edenton, NC 27932**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.112** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Applied Business Services**Attn: Managing Agent****P O Box 910****Edenton, NC 27932**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Chesapeake Regional**Attn: Managing Agent****110 Wimbledon Sq Ste B****Chesapeake, VA 23320**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.61** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

City of Raleigh - Parklink**Attn: Managing Agent****P O Box 3214****Milwaukee, WI 53201-3214**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.104** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Constar Financial Services**Attention: Managing Agent****3561 W. Bell Rd.****Phoenix, AZ 85053**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known)

Name and Address

Credit Control Corp
Attn: Managing Agent
P O Box 120568
Newport News, VA 23612-0568

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Diversified Consultants
Attn: Managing Agent
P O Box 571
Fort Mill, SC 29716-0571

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.59** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Eastern Radiologists
Attn: Managing Agent
2101 W Arlington Blvd, Ste 210
Greenville, NC 27834-5758

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.113** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Healtheast Family Care
Attn: Managing Agent
4810 S Croaton Hwy
Nags Head, NC 27959

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

HRRG
Attn: Managing Agent
P O Box 459080
Fort Lauderdale, FL 33345-9080

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

LCA Collections
Attn: Managing Agent
P O Box 2240
Burlington, NC 27216-2240

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.92** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

NCO Financial Systems
Attn: Managing Agent
P o Box 4911 Dept DD
Trenton, NJ 08650

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.59** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Outerbanks Professional Services
Attn: Managing Agent
P o Box 8423
Greenville, NC 27835-8423

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Profession Recovery Consultants
Attn: Managing Agent
P O Box 51187
Durham, NC 27717

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.139** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Revenue Recovery Corp
Attn: Managing Agent
P O Box 50250
Knoxville, TN 37950-0250

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.139** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Ashton L Harrell, Sr.**
Debtor 2 **Debbie L Harrell**

Case number (if known)

Last 4 digits of account number

Name and Address

Smith Debnam
Attention: Managing Agent
PO Box 26268
Raleigh, NC 27611-6268

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.62** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

The Outer Banks Hospital
Attn: Managing Agent
P O Box 8409
Greenville, NC 27834

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.105** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Transworld Systems Inc
Attn: Managing Agent
500 Virginia Dr Ste 514
Fort Washington, PA 19034

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

United Recovery Systems
Attn: Managing Agent
P o Box 4043
Concord, CA 94524-4043

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Vidant Medical Group
Attn: Managing Agent
2100 Stantonsburg Rd
Greenville, NC 27858

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.114** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim**6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.**

Total claims from Part 1	6a. Domestic support obligations	6a.	\$	0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$	42,267.91
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$	42,267.91
Total claims from Part 2	6f. Student loans	6f.	\$	0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	323,072.79
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$	323,072.79

Fill in this information to identify your case:

Debtor 1	Ashton L Harrell, Sr.		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Debbie L Harrell		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)			

☐ Check if this is an amended filing
Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**
☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code		State what the contract or lease is for
2.1	Melissa McCallister 241 Roanoke Dr Kill Devil Hills, NC 27948	Rental of residence. Month to Month.

Fill in this information to identify your case:

Debtor 1	Ashton L Harrell, Sr.		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Debbie L Harrell		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Ashton L Harrell, Sr.Debtor 2 Debbie L Harrell
(Spouse, if filing)United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINACase number
(If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- ☒ Employed
- ☐ Not employed

Occupation

Self Employed

Employer's name

Ashton Harrell Construction

Employer's address

Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

Realtor

Resort Realty of the Outer Banks

How long employed there?

30 years1 year 6 months**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>2,882.00</u>	\$ <u>4,350.96</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>2,882.00</u>	\$ <u>4,350.96</u>

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 2,882.00	\$ 4,350.96
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 464.14
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 124.52
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: FSA	5h.+ \$ 0.00	\$ 60.00
Garnishment by NCDR	\$ 0.00	\$ 435.09
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 1,083.75
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,882.00	\$ 3,267.21
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h.+ \$ 0.00	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,882.00	\$ 3,267.21
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 6,149.21 Combined monthly income	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 Ashton L Harrell, Sr.

Debtor 2 Debbie L Harrell
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

Case number
(If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes.

Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Daughter

21

☐ No

☒ Yes

Son

23

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,400.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 60.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 200.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Ashton L Harrell, Sr.**
Debtor 2 **Debbie L Harrell**

Case number (if known) _____

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>350.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>50.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>575.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>1,300.00</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>100.00</u>
10. Personal care products and services	10. \$ <u>50.00</u>
11. Medical and dental expenses	11. \$ <u>300.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>600.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>50.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>394.00</u>
15c. Vehicle insurance	15c. \$ <u>387.00</u>
15d. Other insurance. Specify: Workers Compensation	15d. \$ <u>173.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property	16. \$ <u>29.17</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>597.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>343.35</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	\$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: Education necessary to maintain employment	21. +\$ <u>20.00</u>
Pets/Vets	+\$ <u>125.00</u>
College Tuition	+\$ <u>400.00</u>
Cigarettes	+\$ <u>250.00</u>
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ <u>7,753.52</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>7,753.52</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>6,149.21</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>7,753.52</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>-1,604.31</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes. Explain here: _____	

Fill in this information to identify your case:

Debtor 1	Ashton L Harrell, Sr.		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Debbie L Harrell		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	0.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	53,129.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	53,129.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	29,835.72
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$	42,267.91
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$	323,072.79
Your total liabilities		\$ 395,176.42

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$	6,149.21
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$	7,753.52

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ _____

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 42,267.91
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 42,267.91

Fill in this information to identify your case:

Debtor 1 **Ashton L Harrell, Sr.**
First Name Middle Name Last Name

Debtor 2 **Debbie L Harrell**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X **/s/ Ashton L Harrell, Sr.**
Ashton L Harrell, Sr.
Signature of Debtor 1

Date **April 29, 2019**

X **/s/ Debbie L Harrell**
Debbie L Harrell
Signature of Debtor 2

Date **April 29, 2019**

In re Ashton L Harrell, Sr.
Debbie L Harrell Debtor(s) Case No. _____

FORM 106DEC DECLARATION ABOUT AN INDIVIDUAL DEBTOR'S SCHEDULES

Attachment A

Inclusion of any debt listed on Schedules D, E or F shall not be construed as an admission as to it's validity including but not limited to the propriety/amount of charges/fees, interest rate or standing to assert a claim based on the alleged debt.

Fill in this information to identify your case:

Debtor 1 **Ashton L Harrell, Sr.**
 First Name Middle Name Last Name

Debtor 2 **Debbie L Harrell**
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number _____
 (if known)

☐ Check if this is an amended filing

Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: A1 Finance Description of property: 2004 Dodge Ram 181,110 miles VIN: 1D7HU18D04J180848 securing debt: FMV: \$6,725.00 Purchased: 4/2018 Ownership: D1	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Creditor's name: American Credit Accept Description of property: 2014 Buick Encore 47,300 miles VIN: KL4CJCSB0EB784843 securing debt: FMV: \$12,400.00 Purchased: 11/15/2015 Price: \$22,000.00 Ownership: D1	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1 **Ashton L Harrell, Sr.**
 Debtor 2 **Debbie L Harrell**

Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

☐ No

Description of leased

☐ Yes

Property:

Lessor's name:

☐ No

Description of leased

☐ Yes

Property:

Lessor's name:

☐ No

Description of leased

☐ Yes

Property:

Lessor's name:

☐ No

Description of leased

☐ Yes

Property:

Lessor's name:

☐ No

Description of leased

☐ Yes

Property:

Lessor's name:

☐ No

Description of leased

☐ Yes

Property:

Lessor's name:

☐ No

Description of leased

☐ Yes

Property:

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Ashton L Harrell, Sr.

X /s/ Debbie L Harrell

Ashton L Harrell, Sr.

Debbie L Harrell

Signature of Debtor 1

Signature of Debtor 2

Date **April 29, 2019**

Date **April 29, 2019**

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Eastern District of North Carolina

In re **Ashton L Harrell, Sr.**
Debbie L Harrell

Debtor(s)

Case No.

Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	1,622.00
Prior to the filing of this statement I have received	\$	1,622.00
Balance Due	\$	0.00

2. \$ **335.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☐ Debtor ☒ Other (specify): **None**
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
e. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Refer to attorney fee contract attached hereto. (Chapter 13 Cases only)

Representation of debtors in an adversary proceeding or other contested bankruptcy matters. (Chapter 7 cases only)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 29, 2019

Date

/s/ Lindsay Murphy Parker

Lindsay Murphy Parker 50894

Signature of Attorney

Gillespie & Murphy PA

P.O. Drawer 888

New Bern, NC 28563

(252) 636-2225 Fax: (252) 636-0625

gmpa@lawyersforchrist.com

Name of law firm

Gillespie & Murphy, P. A.

Attorneys at Law

J. Allen Murphy
Jonathan E. Friesen
Lindsay M. Parker
Patrick D. Riley

P. O. Drawer 888
St. 320 Middle St.
New Bern, NC 28563
P: (252) 636-2225
F (252) 636-0625

200 Valencia Dr.
Suite 119
Jacksonville, NC 28546
P: (800) 453-9851

101 W. 14th St.
Suite 101
Greenville NC 27834
P: (800) 453-9851

321 N. Front
Suite 301
Wilmington NC 28401
P: (910) 254-3456
F: (910) 254-3444

Email: gmpa@lawyersforchrist.com

Website: www.lawyersforchrist.com

CLIENT AUTHORIZATION FOR LEGAL SERVICES, BANKRUPTCY FEE CONTRACT CHAPTER 7 CASE

The undersigned "Client(s)" retains the law offices of Gillespie and Murphy, P.A. (hereafter referred to as "attorney") for the purpose of filing a petition under Chapter 7 of the U.S. Bankruptcy Code (the "case.") The attorney shall represent the client in a Chapter 7 bankruptcy proceeding before the United States Bankruptcy Court for the Eastern District of North Carolina, subject to the terms of this agreement as set forth herein.

1. FEES AND COSTS AND TERMS OF PAYMENT:

- a. Client(s) agree(s) attorney shall be paid a total of \$ 2,000.00
This amount includes the following:
- | | | |
|----|--------------------|------------------------------------------------|
| 1. | <u>\$ 1,622.00</u> | attorney fees; |
| 2. | <u>\$ 43.00</u> | credit report fee (\$33.00 ind./\$66.00 joint) |
| 3. | <u>\$ 335.00</u> | bankruptcy court filing fee; |
| 4. | <u></u> | other services <u></u> |

The above fee is based upon information provided by client(s) to attorney at the initial contact. If the information provided in the bankruptcy questionnaire reveals more creditors or issues unknown to the attorney, the above fee may be modified depending upon the number of creditors and difficulty of the case.

CONTINGENCY FEE ELECTION - In the event the attorney files an action to address creditor misconduct, including adversary proceedings or motions for sanctions, the attorney, in his sole discretion, may elect to provide these services on a "contingency fee" basis. Under this election, the client agrees that the attorney shall be compensated for performing these services through payment to him of a

minimum of 33% of any gross recovery obtained on the client's behalf, subject to Bankruptcy Court approval. We may also seek to have the Court order all fees be paid by the offending creditor.

The Chapter 7 petition shall not be filed, in accordance with the bankruptcy code, until all upfront fees and costs, as set forth above are paid and all information requested by attorney, is provided, the petition is prepared, reviewed by "Client's" for accuracy and signed for verification by "Client's".

1. At least \$1,000.00 shall be **non-refundable**.
2. The balance due shall be paid before attorney prepares the petition, schedules and statement of financial affairs for the filing of Chapter 7 petition. Once preparation of the petition has begun all attorneys fees paid by the client to the attorney shall be applied in payment of the attorneys fees and shall be non-refundable. Any filing fees received by the attorney shall be refunded to client if the case is not filed.
3. Client agrees that if payments are not made as outlined above, attorney may immediately close client(s) file, in which case no further action needs to be taken or services rendered by attorney and said file shall be closed. The bankruptcy court filing fee shall be returned to the client(s) with all other fees paid non-refundable to attorney. In the event the "Client(s)" has not paid the upfront fees and costs within 180 days of the date of this Agreement, it shall be presumed that the "Client(s)" has elected not to file bankruptcy. Any attorney fees paid and costs paid for services such as, but not limited to, credit report, credit counseling, debtor education or similar services after this 180 days shall be forfeited by Client(s) to attorney as non-refundable.

2. LEGAL SERVICES PROVIDED:

- a. For the fees set forth in 1(a) above, the attorney shall provide basic services reasonably necessary to properly prepare the chapter 7 bankruptcy petition and represent the "Client(s)" before the bankruptcy court. These services include the following:
 1. Analysis of "Client(s)" financial situation and advising Client(s);
 2. Preparation of petition, schedules, statement of financial affairs, supplemental local forms and mailing matrix;
 3. Correspondence to "Client(s)" regarding "Client(s)" responsibilities and attendance of Section 341 meeting;
 4. Preparation for and representing "Client(s)" at Section 341 meetings;
 5. Exemption planning;
 6. Providing information to the court, the trustee and creditors in accordance with the Bankruptcy Code and the Local Rules of the EDNC;
 7. Review of Orders related to the case;
 8. Maintaining custody and control of case file;
 9. Obtaining copies of proof of claims and review, if necessary;

10. If needed, preparation and filing of proofs of claim on your behalf for your creditors;
 11. Preparation for and attendance at 341 meeting;
 12. Responding to “Client(s)” contacts regarding changes in “Client(s)” financial and personal circumstances and advising the court and trustee of the same, if necessary, for the proper administration of “Client(s)” case;
 13. Communicating with “Client(s)” as needed for the proper administration of “Client(s)” case;
 14. Communicating with creditors as needed for the proper administration of “Client(s)” case; and,
 15. Communicating with the court and trustee as needed for the proper administration of “Client(s)” case.
- b. However, in the event some unusual or unexpected event or action occurs that requires more time, expense, and labor for any of the above, the attorney has the right to request additional fees for such time, expense and labor. “Client(s)” agree to pay for these services, in advance, before the services are rendered at the hourly rate of \$350.00 per hour, or a flat fee determined prior to services being rendered.

3. LEGAL SERVICES NOT PROVIDED:

- a. Conversion to Chapter 13;
- b. Representation in any action objecting to discharge in bankruptcy or discharge of a particular debt;
- c. Representation in any Adversary Proceeding filed by the Trustee or creditor or Bankruptcy Administrator;
- d. Post-discharge actions;
- e. Representation before any tax authority;
- f. The cost of long distance telephone calls and the cost of delivery (other than postage);
- g. Fielding telephone calls and correspondence from client’s creditors prior to filing of case with the court;
- h. Searching title or lien records;
- i. Services initiated to resolve issues concerning concealment of debts or assets or misrepresentation of facts, valuation of property, objection to exemptions, violation of or relief from the automatic stay, dismissal of the case, purchase or sale of property and incurrence of additional debt;
- j. Non-appearances at court or the first meeting of creditors (341 meeting);
- k. Negotiating or arranging for the retention, redemption. or post discharge release of collateral;
- l. Reaffirmation agreements and/or motions for redemption;
- m. Amendments to add additional creditors or correct (or update) the schedules; and,
- n. Avoidance of judgment liens.
- o. Representation in any state court proceeding
- p. Representation in an federal court proceeding not related to bankruptcy
- q. Representation in loan modifications
- r. Representation in settlement of debts

4. CLIENT(S) OBLIGATIONS:

- a. To pay the fees set out above;
- b. To make all payments to all creditors in a timely manner as to any and all debts in which the client(s) have property they wish to retain or are reaffirming the debt;
- c. To provide accurately, completely and honestly all the information necessary to properly analyze the client(s) financial situation and prepare the chapter 7 bankruptcy petition, schedules, statement of financial affairs, supplemental local forms, mailing matrix and other documents as required;
- d. To thoroughly review and sign the bankruptcy petition, schedules, statement of financial affairs, supplemental local forms, mailing matrix and other documents as required and advise attorney of any inaccuracies or changes needed;
- e. To keep the attorney advised at all times of all the client(s) current contact information, including but not limited to, mailing addresses, physical address, email address, work phone number, home phone number, cell number and any other means of contact;
- f. To attend the section 341 meeting of creditors and any other court hearings set in “Client(s)” case and to arrive in a timely manner dressed appropriate for a court proceeding;
- g. To provide any information requested by the Chapter 7 Trustee, Court, Bankruptcy Administrator, attorney for “Client(s)” and any other party in the case, unless the Court rules the “Client(s)” is/are not required to provide the information;
- h. To respond immediately to any phone call, correspondence and requests by the Attorney or staff of Attorney;
- i. Comply with the obligations placed upon the “Client(s)” by Local Rule 4002-1(b), a copy of which is attached hereto;
- j. To do everything asked of “Client(s)” by attorney, or any member of Attorney’s staff, Trustee, Court and Bankruptcy Administrator for proper administration of “Client(s)” case;
- l. Not to give out attorney’s name, telephone number or address prior to the filing date of clients’ case, unless clients have paid attorney at least \$200.00 of the attorney fees due; and,
- m. To promptly provide the Attorney with copies of any judgments, summons, writs of execution, foreclosure notices and all other documentation or legal process (law suits or other proceedings) for matters in which the Client is a party.

5. NO PROMISES OF OUTCOME, FUTURE CREDIT OR TAX ADVISE:

- a. Client acknowledges that neither attorney nor attorney’s staff has made any promises or guarantees about the outcome of “Client(s)” case or the “Client(s)” ability to obtain future credit.
- b. The attorney representation of the “Client(s)” specifically does not include and the attorney has not undertaken to give tax advice to the client, and attorney has advised the debtor to seek separate counsel or a CPA or tax advisor with regard to any tax advice or tax ramifications of the filing of any bankruptcy proceeding.

6. WITHDRAWAL FROM REPRESENTATION:

The attorney reserves the right to withdraw from this matter (i) if the client fails to honor any part/portion of this agreement, (ii) for any just reason as permitted or required under the North Carolina State Bar's Rules of Professional Conduct, (iii) as permitted by the rules of courts of the State of North Carolina and/or the Bankruptcy Court. Notification of withdrawal shall be made in writing to the client. Attorney shall have an automatic right to withdraw from this matter if a check delivered by the client to the attorney is returned for insufficient funds.

7. RETENTION OF CLIENT(S) RECORDS:

Attorney shall scan for retention any of the books, papers, and/or records related to the representation of the client and return all hard copies to the client, if requested.

8. READ CAREFULLY: Client understands that no paralegal, secretary, or other non-lawyer working at the offices of Gillespie and Murphy, P.A., has the authority (i) to give legal advice, (ii) to recommend that client should or should not file for the protection of bankruptcy, (iii) to recommend that client file under one bankruptcy chapter rather than another chapter, to the extent that such advice or recommendation would involve the exercise of independent legal judgement. Client acknowledges that no one employed by or affiliated with the law offices of Gillespie and Murphy, P.A., other than an attorney, has given such advice or made any such recommendation to the client.

9. Caution: Client understands that if client is behind in payments on a car, mobile home, furniture loan, lease or other secured debt, the bankruptcy laws do not stop a creditor from repossessing or otherwise taking such property until such time as the client's case gets filed with the Bankruptcy Court. Similarly, client understands that foreclosure on a home or a piece of land cannot be stopped until the clients case gets filed with the Bankruptcy Court.

10. Returned Checks: Client will be charged (i) a processing fee of \$25.00 for any check in which payment has been refused by the payor bank because of insufficient funds or because the drawer did not have an account at that bank and (ii) any service charges imposed on the attorney by a bank or depository for processing the dishonored check, pursuant to the provisions of N.C.G.S. section 6-21.3 and 25-3-506.

11. Payments: All payments must be made in cash, certified check, cashiers check, or money order unless approved by the attorney handling the case. Any payments made by personal check will delay the filing of the related bankruptcy petition for ten (10) business days to allow checks to clear the bank.

12. Information related to a Chapter 7 bankruptcy and the role of the Chapter 7 trustee assigned to your case by the Court and the role of the Bankruptcy Administrator in review of your chapter case after filing: When you file a Chapter 7 Bankruptcy, the Court assigns a Chapter 7 Trustee to your case. John Bircher, Walter Hinson, and Stephen Beaman currently serve as Trustees in this district. Once assigned to your case, the Trustee will review the information you provided to the Court and determine if there are any assets to administer.

a. The role of the Trustee includes but is not limited to the following:

1. Reviews the information in your documents for accuracy. The Trustee will review other sources to confirm you have made full and complete disclosure including:
 - (a) City and County tax records
 - (b) Department of Motor Vehicle records
 - (c) Secretary of State records
 - (d) IRS and State Department of Revenue records
 - (e) Internet Searches
 - (f) County court records
 - (g) any other public records available to the Trustee
 - (h) other information or documents the trustee may request from you to determine the honesty and accuracy of your petition.
2. Reviews your petition, tax returns, bank records, business records, etc. to verify your income, debts, expenses, and personal and business transactions.
3. Determines if you have assets that are not protected, that he, as Trustee, can sell to pay money to your unsecured creditors.

The moment you file a Chapter 7 bankruptcy, all your personal belongings and real estate come under the control of your Trustee. If the property has value over what the law allows you to protect, he has the authority to sell your property, pay you the value you are entitled to protect and distribute the balance to any lien holder, pay his allowed commission and fees and then pay any remaining amounts to your unsecured creditors. **We, as your attorneys, will review your information to maximize your exemptions, as the law may provide, to protect your property.**

If you own real estate (house, land, condo, duplex, timeshare, mobile homes and land, etc.) the Trustee will closely examine the Deed, Promissory Note and Deed of Trust for any defects. The Trustee may file an adversary proceeding (legal action against your lender), if he believes there is a defect. If he is successful in this action, the lien/mortgage will be deemed void. The Trustee will then get Court permission to sell the property, pay you whatever amount you are entitled to protect via your exemption(s) and pay your unsecured creditors any amounts remaining after his commission and fees are paid. **This is why we review these documents prior to the case being filed.**

If the Trustee determines you have improperly claimed an exemption to protect something you own, he may object to the exemption. If the Court agrees with his objection you will lose the exemption or have it reduced in amount. If the Trustee sells the property, you would receive a reduced amount or possibly nothing at all. **Our duty is to maximize your exemptions, as the law may provide, so you get the most protection.**

If you have repaid debts to family members, partners or business associates in money or property in the 12 months prior to the date your bankruptcy is filed, the Trustee can and probably will demand the return of that money or property, or its value, from the person who received it. If the person does not comply, the Trustee can file an adversary proceeding against that person to obtain a Court Order requiring the return of the money or property.

If you have transferred or sold any property, real or personal, to anyone in the four years prior to the Chapter 7 filing date, the Trustee may inquire if you received a fair amount of value for the transfer. If the Trustee believes you did not, or if he believes the transfer was in some other way improper, he could demand money from the person who received what you transferred or seek to undo the transfer to bring the property into your bankruptcy estate and sell the property to pay to the Trustee for his fees and to your unsecured creditors.

If you are entitled to a tax refund, insurance proceeds, a marital settlement or inheritance at the time you file the Chapter 7 or if you become entitled to such within 180 days of filing, these become part of your bankruptcy as an asset and can be taken by the Trustee to distribute to your creditors unless they can be protected by an exemption.

The Trustee has the authority to examine your bank accounts and tax returns as well as business and other records. He will determine if you have taken any inappropriate actions prior to filing your case. If so, he can seek money or property from you or those with whom you have done business. He can also seek to have your Discharge denied by the Court if you have misrepresented facts or committed any fraudulent act or otherwise violated any Bankruptcy Rules. In severe cases, you can be charged with Bankruptcy Fraud, a federal crime.

We designed our Bankruptcy Questionnaire and Document Request Forms to obtain all of the information needed to prepare your bankruptcy documents honestly and accurately. We use this information to comply with the Federal and Local Bankruptcy Rules and to determine which chapter of bankruptcy is best suited to help you get a fresh start. These documents also help us advise you of potential risks in your case, if any. Finally, we use this information to determine what property is protected or otherwise exempt and not subject to control of the Trustee. This is why your careful attention to EACH question on EACH page of these documents is extremely important. We are here to help you, but we need your help and cooperation in order to give your case the greatest chance to succeed.

- b. The role of the Bankruptcy Administrator (BA) includes but is not limited to the following:
 - 1. Examines every Chapter 7 filed, specifically cases involving over median income debtors. The BA's purpose in doing so is to determine if you qualify for a Chapter 7 bankruptcy.
 - 2. Reviews for the purpose of determining qualification for a Chapter 7 bankruptcy the following:
 - (a) Pay advices including paycheck stubs, pension/retirement statements, IRA withdrawal statements, 401(k) withdrawal statements, Social Security benefits award statements, monthly profit and loss statements for business income, annuity payments, and any other document that evidences income received prior to and since the filing of the case;
 - (b) Pay advices, as defined above, received by the debtor's non-filing spouse prior to and since the filing of the case;

- (c) Bank statements and cancelled checks for all bank accounts held by the debtor(s), non-filing spouse and any entity held by them;
- (d) Documentation supporting a non-filing spouse's marital adjustment (expenses paid out by a non-filing spouse); and,
- (e) Other documentation relevant to income, expenses, and deductions.

This is why it is important that we obtain accurate income and expense information from you.

We will advise you if we believe there may be questions raised by the BA as to you qualifying for a Chapter 7 bankruptcy so you may make an informed decision of how you wish to proceed.

Client acknowledges that client has read and understands all the terms of this client authorization for legal services/fee contract. Client also acknowledges having received a copy of this document which consists of 9 pages.

S/Ashton L. Harrell
Signature of Client

4/29/2019
Date

PRINTED Name of Client

S/Debbie L. Harrell
Signature of Client

4/29/2019
Date

PRINTED Name of Client

RULE 4002-1
DEBTOR DUTIES

- (a) The following shall apply to individual debtors in all cases.
- (1) **FINANCIAL INFORMATION.** Every individual debtor shall bring to the meeting of creditors under §341 and make available to the trustee evidence of current income, including copies of all payment advices or other evidence of payment, if any, with all but the last four digits of the debtor's social security number redacted, received by the debtor from an employer within 60 days before the filing of the petition.
 - (2) **TAX RETURN.** At the meeting of creditors under §341, the debtor shall provide to the trustee a copy of the debtor's Federal income tax return for the most recent tax year ending immediately before the commencement of the case and for which a return was filed, including any attachments, or a transcript of the tax return, or provide a written statement that the documentation does not exist.
 - (3) The debtor's obligation to provide tax returns under Federal Bankruptcy Rules 4002(b)(3) and 4002(b)(4), and Local Bankruptcy Rule 4002-1(a)(2) and (b)(2) is subject to procedures for safeguarding the confidentiality of tax information established by the Director of the Administrative Office of the United States Courts, except that with respect to tax returns provided by the debtor under Local Bankruptcy Rule 4002-1(a)(2) and (b)(2), the trustee and bankruptcy administrator are not subject to the procedures for requesting the obtaining access to tax information established by the Director of the Administrative Office of the United States Courts.
- (b) **CHAPTER 7 DEBTOR - DUTIES.** The following shall apply in chapter 7 cases.
- (1) The chapter 7 debtor shall comply with the requirements of Local Bankruptcy Rules 1007-1 and 1007-3 regarding statements of intention.
 - (2) **TAX RETURNS AND PAYMENT ADVICES PROVIDED TO BANKRUPTCY ADMINISTRATOR.**
 - (A) No later than 14 days after the date of the filing of the petition, an individual debtor in a case under chapter 7 shall provide in electronic format to the bankruptcy administrator:
 - (i) the debtor's Federal income tax return for the most recent tax year ending immediately before the commencement of the case and for which a return was filed, including any attachments, or a transcript of the tax return, or provide a written statement that the documentation does not exist; and
 - (ii) evidence of current income including copies of all payment advices or other evidence of payment, if any, with all but the last four digits of the debtor's social security number redacted, received by the debtor from an employer within 60 days before filing of the petition.
 - (B) If a debtor is proceeding without the assistance of counsel and is unable to provide in electronic format the documents required in (A) of this subsection, the debtor may provide the documents to the bankruptcy administrator by other means.

**United States Bankruptcy Court
Eastern District of North Carolina**

In re Ashton L Harrell, Sr.
Debbie L Harrell Debtor(s) Case No. _____
Chapter 7

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: April 29, 2019 /s/ Ashton L Harrell, Sr.
Ashton L Harrell, Sr.
Signature of Debtor

Date: April 29, 2019 /s/ Debbie L Harrell
Debbie L Harrell
Signature of Debtor

A&A Atlantic Inc
Attn: Managing Agent
P O Box 816
Manteo, NC 27954

Americollect Inc
Attn: Managing Agent
P O Box 1690
Manitowoc, WI 54221

Blue Fin Tek
Attn: Managing Agent
Box 343
Kitty Hawk, NC 27949

A1 Finance
Attn: Managing Agent
1201 Airline Blvd
Portsmouth, VA 23704

Applied Business Services
Attn: Managing Agent
617 Soundside Rd
Edenton, NC 27932

Budde and Bueker DDS
Attn: Managing Agent
Executive Center
Kill Devil Hills, NC 27948

Afni, Inc.
Attn: Managing Agent
P o Box 1637
Southgate, MI 48195

Applied Business Services
Attn: Managing Agent
P O Box 910
Edenton, NC 27932

Bullcity Financial Sol
Attn: Managing Agent
2609 N Duke St Ste 500
Durham, NC 27704

Albemarle Eye Center
Attn: Managing Agent
1503 N Road St
Elizabeth City, NC 27909

Arrow Financial Services
Attn: Managing Agent
P O Box 1206
Oaks, PA 19456-1206

Capital Accounts
Attn: Managing Agent
P O Box 140065
Nashville, TN 37214

Alcoa Billing Center
Attn: Managing Agent
3429 Regal Dr
Alcoa, TN 37701-3265

Atlantic Pulmonary Associates
Attn: Managing Agent
111 A Medical Dr
Elizabeth City, NC 27909

Capitol Pediatrics & Adolescent Ctr
Attn: Managing Agent
3801 Computer Dr Ste 200
Raleigh, NC 27609

Ally Financial
Attn: Managing Agent
200 Renaissance Ctr
Detroit, MI 48243

Bayview Physicians Group
Attn: Managing Agent
P O Box 7068
Portsmouth, VA 23707

Carolina Accounts Control
Attn: Managing Agent
P O Box 471766
Charlotte, NC 28247-1766

Ally Financial
Attn: Managing Agent
P o box 380901
Minneapolis, MN 55438-0902

Beach Contractors Inc
Attn: Managing Agent
P O box 1133
Buxton, NC 27920

Carolina Breast Imaging
Attn: Managing Agent
990 John Hopkins Dr
Greenville, NC 27834

American Credit Accept
Attn: Managing Agent
961 E Main St
Spartanburg, SC 29302

Beach Medical Care LTD
Attn: Managing Agent
5200 N Croatan Hwy
Kitty Hawk, NC 27949

Carolina Surgical Care
Attn: Managing Agent
1138 North Rd Street
Elizabeth City, NC 27909

Americollect Inc
Attn: Managing Agent
P O Box 1566
Manitowoc, WI 54221

Blakemore Ophthalmology
Attn: Managing Agent
101 Mark Dr
Edenton, NC 27932

CBE Group
Attn: Managing Agent
P O Box 2547
Waterloo, IA 50704-2547

Charles Powers
Address unknown

Chesapeake Siding & Roofing
Attn: Managing Agent
7349 Caratoke Hwy
Jarvisburg, NC 27947

Dare County EMS
Attn: Managing Agent
P O Box 863
Lewisville, NC 27023-0863

Chase Receivables
Attn: Managing Agent
P o Box 4115
Concord, CA 94524

City of Raleigh - Parklink
Attn: Managing Agent
P O Box 3214
Milwaukee, WI 53201-3214

Diversified Consultants
Attn: Managing Agent
P O Box 571
Fort Mill, SC 29716-0571

Chase Receivables
Attn: Managing Agent
P O Box 659
Caldwell, NJ 07007-0659

Cockerell Dermatopathology
Attn: Managing Agent
P O Box 674230
Dallas, TX 75267

Dominion North Carolina Power
Attention: Managing Agent
PO Box 26543
Richmond, VA 23290

Chesapeake Anesthesiologist, Inc.
Attn: Managing Agent
P O Box 791349
Baltimore, MD 21279-1349

Constar Financial Services
Attention: Managing Agent
3561 W. Bell Rd.
Phoenix, AZ 85053

DriveErt
Attn: Managing Agent
700 Port Centre Pkwy Ste 2B
Portsmouth, VA 23704-5901

Chesapeake Radiologists LTD
Attn: Managing Agent
3630 George Was Mem #E
Yorktown, VA 23693

Consulting Concepts Inc.
Address unknown

Duck Woods Country Club
Attn: Managing Agent
50 S Dogwood Trail
Kitty Hawk, NC 27949

Chesapeake Regional
Attn: Managing Agent
110 Wimbledon Sq Ste B
Chesapeake, VA 23320

Credit Collections Services
Attn: Managing Agent
725 Canton St
Norwood, MA 02062

Dunsdemand
Attn: Managing Agent
P o Box 5472
Mount Laurel, NJ 08054

Chesapeake Regional Med Group
Attn: Managing Agent
P O Box 14099
Belfast, ME 04915

Credit Control Corp
Attn: Managing Agent
P O Box 120568
Newport News, VA 23612-0568

Eastern Carolina Cardiovascular
Attn: Managing Agent
1134 North Road St Bldg 9
Elizabeth City, NC 27909-3365

Chesapeake Regional Medical Center
Attn: Managing Agent
PO Box 791471
Baltimore, MD 21279-1471

Credit Management
Attn: Managing Agent
4200 International Pkwy
Carrollton, TX 75007

Eastern Radiologists
Attn: Managing Agent
2101 W Arlington Blvd Ste 210
Greenville, NC 27834

Chesapeake Siding & Roofing
Attn: Managing Agent
7349 Caratoke Hwy
Jarvisburg, NC 27947

D&D Portable Toilets
Attn: Managing Agent
7758 Caratoke Hwy
Powells Point, NC 27966

Eastern Radiologists
Attn: Managing Agent
2101 W Arlington Blvd, Ste 210
Greenville, NC 27834-5758

Elizabeth River Tunnels
Attention: Managing Agent
700 Port Centre Pkwy Ste 2B
Portsmouth, VA 23704

Happy Boxes
Attn: Managing Agent
4361 The Woods Rd
Kitty Hawk, NC 27949

James C. Woodson DDS
Attn: Managing Agent
4810 S Croatan Hwy Ste 270
Nags Head, NC 27959

Emanuelson & Dad, Inc.
Attn: Managing Agent
4717 N Croatan Hwy
Kitty Hawk, NC 27949

Harris Teeter Check Services
Attn: Managing Agent
P o Box 1569
Matthews, NC 28106

Kellogg Building Materials
Attn: Managing Agent
P O Box 99
Manteo, NC 27954

Enchanced Recovery
Attn: Managing Agent
P o box 1259 Dept 98696
Oaks, PA 19456

Healtheast Family Care
Attn: Managing Agent
4810 S Croatan Hwy
Nags Head, NC 27959

Kitty Hawk Iron & Steel Works, Inc
Attn: Managing Agent
P o box 40
Harbinger, NC 27941

Firstpoint Collection Resources
Attn: Managing Agent
PO Box 26140
Greensboro, NC 27402

Hines Contractors Inc.
Attn: Managing Agent
8490 Caratoke Hwy
Powells Point, NC 27966

LabCorp
Attn: Managing Agent
P O Box 2240
Burlington, NC 27216

Focus Recovery
Attn: Managing Agent
9701 Metrololitan Ct Ste
North Chesterfield, VA 23236

HRRG
Attn: Managing Agent
P O Box 459080
Fort Lauderdale, FL 33345-9080

Lampe Enterprise
Attn: Managing Agent
235 E Market St
Smithfield, NC 27577

Ford Motor Credit
Attn: Managing Agent
PO Box 472687
Charlotte, NC 28247

IC System
Attn: Managing Agent
P O Box 64437
Saint Paul, MN 55164-0437

LCA Collections
Attn: Managing Agent
P O Box 2240
Burlington, NC 27216-2240

Gastroenterology Associates
Attn: Managing Agent
400 Gresham Dr Ste 303
Norfolk, VA 23507-1901

Integon National Ins
Attn: Managing Agent
P O Box 3199
Winston Salem, NC 27152

LeBleu
Attn: Managing Agent
P O Box 399
Harbinger, NC 27941

GC Services Limited
Attn: Managing Agent
P O Box 2667
Houston, TX 77252-2667

IRS
Attn: Managing Agent
PO Box 7346
Philadelphia, PA 19101-7346

Linebarger Goggan Blair & Sampson
Attorney at Law
P o box 659443
San Antonio, TX 78265-9443

Guy C. Lee Building Materials
Attn: Managing Agent
PO Box 276
Morehead City, NC 28557

J.T. Jones Propane & Fireplace Co
Attn: Managing Agent
101#B Pan Ridge Ct
Point Harbor, NC 27964

Liposcience Inc
Attn: Managing Agent
2500 Sumner Blvd
Raleigh, NC 27616

Little Caesars Collection Dept
Attn: Managing Agent
1505 West Ehringhaus St
Elizabeth City, NC 27909

OBXMD, PC
Attn: Managing Agent
4721 N Croatan Hwy
Kitty Hawk, NC 27949

PPG Architectural Finishes
Attn: Managing Agent
P o Box 101397
Atlanta, GA 30392-1397

Medical Services of the Albem
Attn: Managing Agent
1134 N Road St Bldg 9
Elizabeth City, NC 27909

Online Collections
Attn: Managing Agent
P O Box 1489
Winterville, NC 28590

Prince-Parker & Associates
Attn: Managing Agent
P O Box 474690
Charlotte, NC 28247

National General
Attn: Managing Agent
P O Box 3199
Winston Salem, NC 27102-3199

Outer Banks Hospital Anesthesi
Attn: Managing Agent
4800 S Croatan Hwy
Nags Head, NC 27959

Print Plus / Graphic Solutions
Attn: Managing Agent
4700 N Croatan Hwy
Kitty Hawk, NC 27949

Nc Dept of Revenue
Attn: Managing Agent
P O Box 1168
Raleigh, NC 27602

Outer Banks Medical Group
Attn: Managing Agent
P O box 63019
Charlotte, NC 28263

Profession Recovery Consultants
Attn: Managing Agent
P O Box 51187
Durham, NC 27717

NCO Financial Systems
Attn: Managing Agent
P o Box 4911 Dept DD
Trenton, NJ 08650

Outer Banks Water, LLC
Attn: Managing Agent
P O Box 2920
Kitty Hawk, NC 27949

Professional Account Management
Attn: Managing Agent
P O Box 6649
Rockville, MD 20849-6649

Northland Group Inc
Attn: Managing Agent
P o Box 390846
Minneapolis, MN 55439

OuterBanks Pest Control
Attn: Managing Agent
P o Box 208
Manteo, NC 27954

Professional Recovery Consultants
Attn: Managing Agent
2700 Meridian Pkwy Ste 200
Durham, NC 27713

Novant Health Imaging Maplewood
Attn: Managing Agent
P o Box 602293
Charlotte, NC 28260

Outerbanks Professional Services
Attn: Managing Agent
P o Box 8423
Greenville, NC 27835-8423

Progressive Financial Services
Attn: Managing Agent
P O Box 22083
Tempe, AZ 85285

OBX Dermatology
Attn: Managing Agent
2518 S Croatan Hwy #B
Nags Head, NC 27959

Patricia S Via
804 Devenwood Rd
Richmond, VA 23235

Progressive Leasing
Attn: Managing Agent
256 W Data Dr
Draper, UT 84020

OBX Services, LLC
Attn: Managing Agent
P O Box 901
Kitty Hawk, NC 27949

PennCredit Corporation
Attn: Managing Agent
P O Box 1259 Dept 91047
Oaks, PA 19456

Radius Global Solutions LLC
Attn: Managing Agent
P O Box 1259 Det 120957
Oaks, PA 19456

Regional Medical Services
Attn: Managing Agent
5200 N Croatan Hwy
Kitty Hawk, NC 27949

Shorefire Gas Fireplaces
Attn: Managing Agent
2705-B North Croatan Hwy
P O Box 323
Kill Devil Hills, NC 27948

Three Dog Ink, LLC
Attn: Managing Agent
111 E Baltic St
Nags Head, NC 27959

Revenue Authority Prince George's
County Parking Division
Attn: Managing Agent
1300 Mercantile Lane Ste 108
Upper Marlboro, MD 20774

Shoreline Electric of Kill Devil
Attn: Managing Agent
2133 Upton Dr Ste 126
Virginia Beach, VA 23454

Through The Country Door
Attn: Managing Agent
1112 7th Ave
Monroe, WI 53566

Revenue Recovery Corp
Attn: Managing Agent
P O Box 50250
Knoxville, TN 37950-0250

Site Services
Attn: Managing Agent
P O Box 28
Manns Harbor, NC 27953

Tidewater SkinCare & Pathology
Attn: Managing Agent
1157 First Colonial Rd Ste 300
Virginia Beach, VA 23454

RMCB
Attn: Managing Agent
4 Westchester Plaza Ste 110
Elmsford, NY 10523

Smith Debnam
Attention: Managing Agent
PO Box 26268
Raleigh, NC 27611-6268

Transworld Systems Inc
Attn: Managing Agent
500 Virginia Dr Ste 514
Fort Washington, PA 19034

Sca
Attn: Managing Agent
P o Box 910
Edenton, NC 27932

Smithfield Police Dept
Attn: Managing Agent
P O Box 761
Smithfield, NC 27577

Treated Lumber Outlet
Attn: Managing Agent
8546 Cartoke Hwy
Powells Point, NC 27966

Sca Collections Inc
Attn: Managing Agent
P O Box 876
Greenville, NC 27835

Szabo Associates Inc.
Attn: Managing Agent
3355 Lenox Rd NE Ste 945
Atlanta, GA 30326-1332

Triad Radiology Associates
Attn: Managing Agent
P o Box 1259 Dept #88680
Oaks, PA 19456

Sentara Albemarle Physician Service
Attn: Managing Agent
5200 N Croatan Hwy Ste 12
Kitty Hawk, NC 27949

The Home Depot Credit Svs
Attn: Managing Agent
P O Box 6029
The Lakes, NV 88901

TRS Recovery Services, Inc.
Attn: Managing Agent
P O Box 17380
Denver, CO 80217-0380

Sentara Collections
Attn: Managing Agent
P O Box 79698
Baltimore, MD 21279-0698

The Outer Banks Hospital
Attn: Managing Agent
P O Box 8409
Greenville, NC 27835-8409

United Recovery Systems
Attn: Managing Agent
P o Box 4043
Concord, CA 94524-4043

Sentara Surgery Specialists
Attn: Managing Agent
1177 N Road St
Elizabeth City, NC 27909

The Outer Banks Hospital
Attn: Managing Agent
P O Box 8409
Greenville, NC 27834

Vidant Health
Attn: Managing Agent
P O Box 71095
Charlotte, NC 28272-1095

Vidant Medical Group
Attn: Managing Agent
P O Box 63019
Charlotte, NC 28263-3019

Vidant Medical Group
Attn: Managing Agent
2100 Stantonsburg Rd
Greenville, NC 27858

Virigina Center for Women
Attn: Managing Agent
1101 Madison Plaza Ste 200
Chesapeake, VA 23320-5179

W. Downing DDS
Attn: Managing Agent
P o Box 1586
Nags Head, NC 27959-1586

Wakefield & Associates
Attn: Managing Agent
7005 Middlebrook Pike
Knoxville, TN 37909

West Brothers Supply Co
Attn: Managing Agent
P O Box 934
Kitty Hawk, NC 27949